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ABSTRACT

Health concerns facing adolescents of color in Minnesota were studied through survey responses of 126,000 public schools students in grades 6, 9, and 12 who participated in the 1995 Minnesota Student Survey. These findings were supplemented by focus group discussions held with 90 young people from Minneapolis and St. Paul. Survey results are reported for the following categories: (1) family, school, and activities; (2) emotional distress, suicide attempts, and abuse; (3) smoking cigarettes; (4) alcohol and marijuana use; (5) violence; (6) sexuality and health; and (7) access to health care. Using survey findings and focus group discussions, 12 recommendations were formulated to overcome the barriers that inhibit young people from participation in activities that promote physical and emotional health. Focus group responses are reported in chapters 4 through 8. (SLD)

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Getting It All Together

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The Health and Well-Being of Minnesota's Youth

A Report by the Urban Coalition

Yusef, Mgeni, President

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URBAN COALITION

Founded in 1967, the Urban Coalition is a non-profit organization that pursues its mission through research, public policy, technical assistance, advocacy and capacity-building. In recent years, the Coalition has focused on education, employment, food and hunger, health, and issues of race, although it may become involved in other issues as invited, or as they arise. In the spirit of true collaboration, the Coalition is involved in multiple collaborative efforts with other organizations and key stakeholders in our community.

Vision

"Our vision is an inclusive community that honors and draws on the strength of the cultures and aspirations of its many different peoples and where everyone enjoys economic and social justice."

Mission

"The Urban Coalition's mission is to increase the capacity of low-income, African American, American Indian, Asian/Pacific and Chicano/Latino communities to address political, economic and social concerns that are identified, and to promote the public dialogue through research-based advocacy and policy work."

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Getting It All Together

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A Report by the Urban Coalition

Yusef Mgeni, *President*

August, 1998

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- Ain Dah Yung, Saint Paul
- Association for the Advancement of Hmong Women, Minneapolis
- Chicano/Latino/Hmong Youth Enrichment Program, Saint Paul
- The City, Inc., Minneapolis
- District 202 Center for Lesbian, Gay, Bi-sexual, Transgender Youth, Minneapolis
- East Side Boys and Girls Club, Saint Paul
- Inner City Youth League, Saint Paul
- La Oportunidad, Minneapolis
- Neighborhood House, Saint Paul
- Pillsbury Neighborhood Services – Waite House, Minneapolis
- Teens Networking Together, Saint Paul

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We invited people who work with youth or provide health care to adolescents to review an early draft of the report and offer their suggestions. The advice and recommendations contributed by this group were invaluable. Among those who attended the review meetings or offered their thoughts in writing or over the phone were:

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An Invitation to the Community...

No report can present all of the information that may be useful to groups or individuals within the community. The Urban Coalition has the complete dataset for the Minnesota Student Survey—1995 and can provide data on any of the survey questions which may be of interest to you but were not covered in the report. To discuss the Minnesota Student Survey further, call us at:

(612) 348-8550 Ext. 231

Executive Summary

Public and private dialogue about the health and well-being of adolescents is frequently undermined by false assumptions and lack of information about young people of color. The purpose of this report is to encourage greater understanding of health concerns facing adolescents of color and to promote community action that supports the health and well-being of all adolescents. The primary research sources are:

- Survey responses from 126,000 public school students in 6th, 9th and 12th grades throughout the state who participated in the 1995 Minnesota Student Survey;
- Focus group discussions conducted with ninety young people from Minneapolis and St. Paul.

The Executive Summary focuses on findings from the Minnesota Student Survey. Comments and suggestions from the focus groups cannot be summarized further in any reasonable way, and readers are encouraged to read these discussions as they are reported in Chapters 4-8.

Although large numbers of public school students participated in the survey, the participants did not strictly represent the overall youth population. Caution should be used when interpreting the results. As a group, adolescents who were not enrolled in school or involved in the survey could well face greater health risks than those who were.

The purpose of this report is to... promote community action that supports the health and well-being of all adolescents.

Family, School and Activities

Young people seemed to feel positive about their relationship with their parents. Eighty–six percent of 6th graders and over two–thirds of 9th and 12th graders felt their parents cared about them "very much." The feeling that parents cared about them "very much" was equally strong in all racial/ethnic groups. Students from one-parent families were just as likely to feel that their parents cared about them as students from two-parent families.

Aspirations for college were very high in all communities of color. Over 80 percent of 6th graders and over two-thirds of 9th graders from each racial/ethnic group reported that they planned to go to college. Students of color were as likely as White students to report that they worried very much about "doing well in school" and "getting accepted into college." Asian students had far more positive feelings about school than other racial/ethnic groups.

However, skipping or cutting school occurred with alarming frequency, particularly among students of color. Nearly one–fourth (23%) of Chicano/Latino 9th graders reported skipping at least three days of school in the past 30 days, as did 18 percent of African American, 17 percent of American Indian, 15 percent of Asian and 7 percent of White students.

Students of color tended to have more responsibilities at home than did White students. Students of color were two to four times as likely as White students to have "primary responsibility" for raising a child, usually a brother, sister or relative.

White students were much more likely than students of color to be involved in team athletic activities at school. Among 9th graders, 40 percent of White students and only 22 percent of African American students spent at least six hours per week playing school team sports. White students were more likely than students of color to be involved in musical activities, while students of color spent more time than their White counterparts on volunteer work and community service.

Emotional Distress, Suicide Attempts and Abuse

Emotional distress was found to be significantly greater among students of color than among White students. Students in all communities of color were more likely than White students to report feeling discouraged or hopeless, worried or upset, under great stress or pressure, and sad.

Among 6th and 12th graders, students from communities of color were two to three times more likely than White students to indicate that they had tried to kill themselves in the past year. Reports of attempted suicide peaked in the 9th grade. Sixteen percent of American Indian 9th graders and 14 percent of Chicano/Latino 9th graders reported they had tried to kill themselves.

At each grade level, students of color were more likely than White students to indicate that they had been hit "hard" or "often" by an adult in the household. African American, American Indian and Chicano/Latino students were the most likely to report that they had been touched sexually against their wishes. Asian and White students were least likely to indicate that experience.

Smoking Cigarettes

Smoking rates differed sharply depending on where one lived in Minnesota

Smoking rose dramatically between 6th and 9th grades. By 9th grade, 32 percent of American Indian students and 29 percent of Chicano/Latino students were smoking at least 1–5 cigarettes per day. Most 9th grade regular smokers indicated that they had started smoking when they were twelve years old or younger.

Smoking rates differed sharply depending on where one lived in Minnesota. Among all 9th grade students, African Americans living in Minneapolis had the lowest daily smoking rate (9%) of any racial/ethnic group in any region of the state. Among 12th graders, African American and Asian students from Minneapolis and St. Paul had the lowest daily smoking rates (11%) in the state. In the African American, American Indian and Asian communities, smoking was much more frequent in Greater Minnesota than anywhere else in the state.

Alcohol and Marijuana Use

Like smoking, consumption of alcohol increased sharply between 6th and 9th grades and then more gradually between 9th and 12th grades. By 12th grade, one of every five American Indian, Chicano/Latino and White students (20%, 20%, and 19%) drank "weekly" or more often, compared to one of every twelve Asian students (8%).

In all four communities of color, regular use of alcohol was lowest in Minneapolis and St. Paul and was sharply higher in Greater Minnesota. Only 2 percent of Asian 9th graders living in Minneapolis and St. Paul drank weekly or more often.

Regular use of marijuana was found to be extensive in several communities. Among 9th graders, 19 percent of Chicano/Latino, 16 percent of American Indian and 15 percent of African American students reported using marijuana weekly or more often. Asian and White students consistently had the lowest rate of marijuana use.

Regional differences were inconsistent. In the African American and Asian communities, marijuana use occurred most frequently in Greater Minnesota, while in the American Indian and White communities it occurred most frequently in Minneapolis and St. Paul. Among 9th graders, Asian students from Minneapolis and St. Paul had the lowest rate of regular marijuana use (3%) of any racial/ethnic group in any region of the state.

Violence

Students of color reported that they were more often the victims of violent behavior at school. Twenty percent of Chicano/Latino 9th graders indicated that they had been threatened or injured with a weapon on school property in the past year, compared to 7 percent of White students. For African American, Asian and Chicano/Latino communities, being threatened or injured with a weapon at school occurred much more frequently in Greater Minnesota than elsewhere in the state.

For some students, worries about safety at school became so serious that they sometimes did not go to school. Skipping school for safety reasons was more prevalent in communities of color than in the White community.

For some students, worries about safety at school became so serious that they sometimes did not go to school.

An alarmingly high number of young people indicated that they had carried a weapon on school property at least once in the previous month. Carrying a weapon on school property peaked in the 9th grade. Twenty–eight percent of Chicano/Latino 9th graders reported carrying a weapon on school property at some time during the previous month. For African American, Asian and Chicano/Latino students, carrying a weapon at school occurred more often in Greater Minnesota than in Minneapolis and St. Paul or the suburbs.

Sexuality and Health

One–third or more of African American, American Indian and Chicano/Latino 9th graders had engaged in sexual intercourse at least three times in their lifetime. By 12th grade, nearly two–thirds of African American and American Indian students and more than half of Chicano/Latino students had been sexually active. Pregnancy rates were also highest among these groups. Twenty–one percent of African American 12th grade girls reported that they had been pregnant at least once.

Among those who were sexually active, African Americans were more likely than members of other racial/ethnic groups to talk with their partner about protecting themselves from pregnancy and sexually transmitted diseases. Condoms were by far the most common form of protection used by students from all racial/ethnic groups. However, 19 percent of sexually active 9th graders and 13 percent of sexually active high school seniors used no method to prevent pregnancy or STDs, and substantial numbers used ineffective methods such as withdrawal.

Access to Health Care

About one in five students reported that they had not had a physical exam in the past three years. Asian students were slightly more likely to indicate that they had not had a recent physical exam.

The recommendations draw their inspiration from the survey results and focus group discussions.

RECOMMENDATIONS

The purpose of this report is to provide fresh information on the feelings and experiences of young people of color in Minnesota, and to expose misleading stereotypes and false assumptions about adolescents. The following recommendations draw their inspiration from the survey results and focus group discussions.

1. Schools, government, neighborhood groups—indeed, all community institutions—should take steps to engage young people in defining the issues and creating solutions to the challenges they face.

Young people have ideas and opinions about many of the issues identified in this report. They have "inside knowledge" about the ups and downs of adolescent life. Many want to contribute. Surveys and to some extent even focus groups only scratch the surface of their experience. The next step is to find ways for young people to have an ongoing, substantial voice on advisory and decision-making bodies in all relevant institutions.

2. We must provide more opportunities for adolescents, especially adolescents of color, to engage in useful activities.

Several focus group participants argued for more recreational and community education programs to keep young people engaged and busy doing interesting things. The hours immediately after school are prime-time for risk-taking behavior. Neighborhood schools can and should become multipurpose facilities that promote creative and constructive activities after school hours. The programs at neighborhood centers and community agencies should also be strengthened, since they may be more accessible for young people whose school is not close by. Policymakers ought to provide more funding for arts, sports and other activities.

We have to better understand the practical barriers that inhibit young people from participation.

Currently, organized school activities are not reaching large numbers of students of color. This is certainly true of school sports — White students are far more likely to participate on school sports teams than students of color. It may also be true of extracurricular school activities such as debate and theater, although the survey did not ask about such activities. Students of color are slightly less likely than White students to be involved in musical activities. By 12th grade, they are also less likely to have jobs.

We have to better understand the practical barriers that inhibit young people from participation. These may include cost, transportation, lack of previous experience, and responsibilities for children at home. We also need to find ways to begin involvement in activities, including sports, at an earlier age so that children will have the experience and confidence to continue through middle and high school.

3. We must pay as much attention to the mental and emotional health of adolescents as we do to their physical health.

Students of color experienced greater emotional distress and were more likely to have attempted suicide than were white students. Good decision-making about smoking, drinking, marijuana use, fighting, and early sexual activity requires an ability to handle emotions, good information and clear thinking. Despite the great need, many observers believe that access to effective mental health services for adolescents ranges from inadequate to virtually non-existent. A representative of school-based clinics in Minneapolis, an important source of care for adolescents without insurance, noted that 50–60 percent of the students seen by the clinics come in for mental and emotional health issues. Furthermore, there are few clinics or providers specifically oriented to meeting the mental and emotional health needs of communities of color.

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Managed care organizations, insurance companies and other health care funders should include preventive mental health and social work services in the benefit set for which they make payments. Since mental and emotional health are at the cornerstone of good adolescent health, these services must be included as part of normal health care. In addition, counties and other units of government that distribute mental health care funding should contract with community-based agencies within communities of color that provide these services.

4. Health care providers, insurance companies, and HMO's should adopt new standards for adolescent health care that emphasize preventive care and screening.

The health care industry as a whole is not living up to its great potential to play a critical role in helping adolescents deal with very serious challenges. The following reforms should be enacted:

- Adolescents should receive an annual, hour-long screening visit with their health care provider to explore possible health issues and place more emphasis on prevention. Longer and more frequent visits would help build a trusting and knowledgeable between health care professionals and adolescents. The annual screening visit should become the standard expectation for adolescent health care.
- Managed care organizations, insurance companies and other health care funders should support the annual screening visit.
- The number of health care professionals with the skills and experience to do effective health screenings with adolescents should be increased, and incentives should be offered to encourage greater training and experience.
- More prevention-oriented discussions and screening should be inserted into sports exams and routine health care visits.

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...recruiting health professionals from communities of color, learning more about the thoughts and experiences of adolescents of color, and providing cross-cultural training...

5. Health care organizations should increase their internal capacity to establish good rapport and relationships with adolescents of color, including recent immigrants.

Steps that can be taken include recruiting health professionals from communities of color, learning more about the thoughts and experiences of adolescents of color, and providing cross-cultural training on establishing trusting relationships with adolescents of various communities.

6. Government and private sector funders should provide greater financial support to community clinics, school-based clinics, and teen health centers.

These facilities are often the only route through which many adolescents can obtain needed health care. Many students do not have insurance, and some feel their concerns about confidentiality may be better handled in these settings.

7. We must pay more attention to the large numbers of students of color living in Greater Minnesota, and to some extent in the metro suburbs, who are at risk.

For the African American, Asian and Chicano/Latino communities, students living in Greater Minnesota appeared to more often engage in risky or unhealthy behavior than students living elsewhere. Young people of color newly moving to small cities, towns and rural areas may feel isolated from cultural supports and institutions. Strong community-based organizations that can provide cultural familiarity and supportive services need to be developed for the rapidly growing populations of color outside the Twin Cities metro area. Young people of color may also be encountering resistance to their presence in Greater Minnesota. Because Greater Minnesota is more predominately White and because the growth of communities of color has been so recent, there may be greater need for cross-cultural training and understanding leading to respect.

Only 9 percent of African American and 13 percent of Asian 9th graders living in Minneapolis and St. Paul smoked regularly

8. Inner city African American and Asian youth demonstrated strong resistance to smoking tobacco and drinking alcohol, and we should find out why that is happening.

Only 9 percent of African American and 13 percent of Asian 9th graders living in Minneapolis and St. Paul smoked regularly. Inner-city African American and Asian students had lower rates of smoking and drinking than suburban or Greater Minnesota youth of any racial/ethnic group. We need to understand why this is happening and then promote the positive factors that have contributed to these lower rates.

9. We have to pay closer attention to the young age at which risky behavior begins to emerge and work with children at an earlier age.

The largest increase in many kinds of unhealthy behavior occurred between the 6th and 9th grades, and may have been brewing even earlier. Most high school freshmen who smoked or drank regularly started when they were twelve years old or younger. Focus group members urged parents, elders and teachers to talk about sexuality and other issues as soon as the youngsters are able to comprehend and absorb what is being said.

Young people transition into adolescence over several years rather than arriving there as soon as they reach a magic age. Younger children may already be exposed, directly or indirectly, to harmful influences well before becoming full adolescents and they need help in dealing with those influences now.

10. Protect the confidentiality of health care for adolescents, which is so essential in encouraging young people to obtain care and treatment for potentially embarrassing or stigmatized conditions such as sexually transmitted diseases, depression, suicidal thinking, relationship problems and the like.

Lack of confidentiality would cause some adolescents to avoid seeking care and treatment, with potentially dangerous consequences.

While parents should generally be involved in their children's care, there are certain situations in which an adolescent may wish to obtain health care confidentially and in which it is appropriate for the health system to allow that to happen. Lack of confidentiality would cause some adolescents to avoid seeking care and treatment, with potentially dangerous consequences.

11. Families can be strengthened by building on the strong sense of caring that young people of color experience in their families.

Despite greater poverty, adolescents of color are just as likely as White students to feel their parents care about them and their families care about and understand them. Where racial/ethnic groups diverge is in the ability of families to provide the economic resources, opportunities, connections and influence to help their children advance and to protect them from harmful influences. That is where community agencies, government, foundations, businesses and other institutions can help. Families need greater economic opportunity and family-friendly policies in the workplace, safe and affordable housing, reliable health insurance, and the knowledge that the rest of the community values their children. And these institutions can work to support families knowing that in most cases strong family connections are in place.

The survey results ought to lay to rest the notion that communities of color do not value education.

12. Efforts to improve academic achievement can build on the interest and aspirations that students have for learning.

The survey results ought to lay to rest the notion that communities of color do not value education. Students of color were generally just as likely as white students to say they liked school — and Asian students expressed much greater liking of school than other groups. Large majorities from all racial/ethnic groups aspired to go to college. The most common worry of students from all racial/ethnic groups was "doing well in school," and students of color were just as likely to express worry about their performance in school as White students.

Yet, despite this interest in education, disturbing numbers of students skip classes, and many eventually leave school altogether. Test scores indicate that large numbers of students of color are falling behind academically. Something clearly isn't working. Efforts to improve school achievement ought to view students and families of color as interested partners and work closely with them to improve learning.

INTRODUCTION

CHAPTER ONE

As Minnesota becomes an increasingly multiracial state, we cannot be successful in promoting the health and well-being of all adolescents without paying close attention to the thoughts, feelings and experiences of young people of color. Yet, public and private dialogue about community efforts to support adolescents is frequently undermined by false assumptions and lack of information about adolescents of different racial/ethnic groups.

The adolescent years are relatively healthy. The most severe threats to adolescent health come not from the diseases common to middle and old age but from accidental injuries, emotional turmoil, violence, drug, alcohol and tobacco use, and unprotected sexual activity. Accidental injuries, primarily motor vehicle crashes, suicide, and homicide account for 70 percent of deaths for Minnesotans between the ages of 10 and 19.[1]

No community can be too complacent about the immense and wonderful responsibility of nurturing each new generation of young people. The purpose of this report is to encourage greater understanding of health concerns facing adolescents, particularly adolescents of color, and to promote community action that supports the health and well-being of all adolescents. It tries to accomplish this goal by presenting up-to-date information on behavioral and emotional issues affecting the health of African American, American Indian, Asian, Chicano/Latino and White adolescents in Minnesota. This report is the latest in a series of studies on adolescent health published by the Urban Coalition, including *The Next Generation: The Health and Well-Being of Young People of Color in the Twin Cities* (1990) and *Resiliency and Risk Among Young People of Color* (1994).

The most severe threats to adolescent health come not from the diseases common to middle and old age but from accidental injuries, emotional turmoil, violence, drug, alcohol and tobacco use, and unprotected sexual activity

Research Process

This report draws upon two different sources of information. One is the Minnesota Student Survey for 1995, which includes responses from over 126,000 public school students in the 6th, 9th and 12th grades throughout the state. Another source is ten focus group discussions conducted with inner city youth from Minneapolis and St. Paul.

The Minnesota Student Survey

The Minnesota Student Survey has been conducted by the Minnesota Department of Children, Families and Learning every three years since 1989. The survey includes questions on activities, moods, worries, school, relationships with parents and other adults, violence, chemical use and sexual activity.[2] Many questions are identical to questions used on the University of Minnesota's 1987 Adolescent Health Survey, which provided the data for two earlier Urban Coalition reports. The format is multiple choice, and students do not have an opportunity to offer written explanations or comments. All responses are anonymous.

Parents were informed that the survey was being conducted in their child's classroom and of their right to refuse to allow their child to participate. Students could also decline to participate on their own, and were free to leave blank any questions they did not want to answer.

Participation Rates

Although large numbers of 6th, 9th and 12th grade public school students participated in the survey, the participants did not strictly represent the entire adolescent population. Eight percent of school districts chose not to participate, and in some participating districts the survey was not conducted in every school. Private schools have never taken part in the survey. Students attending alternative schools or receiving instruction in correctional institutions or treatment centers were not included in the 1995 survey.[3] It is not known how many students in Limited English Proficiency programs completed the survey. Students who were ill, truant or otherwise away from school on the day the survey was administered were not included. Obviously, all students who had dropped out of school were not represented.

Table 1–1:
Estimated Participation Rates in the 1995 Minnesota Student Survey*

	6th	9th	12th	Total
Minneapolis–St. Paul	59%	49%	37%	50%
Metro Suburbs	82%	75%	55%	71%
Greater Minnesota	82%	70%	58%	70%
Statewide	79%	70%	55%	69%

*The estimated participation rate is the number of completed surveys divided by enrollment at the beginning of the 1994–1995 school year.

Overall, we estimate that over two–thirds (69%) of public school 6th, 9th and 12th grade students took part in the survey. As Table 1–1 shows, participation rates were substantially lower among 12th grade students across the state (55%) and were lower for all grades in the Minneapolis and St. Paul school districts (50%).[4]

Regional Analysis

Where relevant, survey findings are reported by region of the state in which the student went to school. The three regions used in the report are:

1. Minneapolis and St. Paul;
2. Metro Area Suburbs—the seven county metropolitan area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington) minus the cities of Minneapolis and St. Paul;
3. Greater Minnesota—the remaining eighty counties in Minnesota.

Table 1–2:
Sample Size by Grade and Region for the 1995 Minnesota Student Survey

	Region	African American	American Indian	Asian	Chicano/ Latino	White
6th	Minneapolis & St. Paul	915	403	813	297	1,817
	Metro Suburbs	597	911	812	445	16,972
	Greater Minnesota	181	1,501	475	514	23,097
9th	Minneapolis & St. Paul	829	249	536	194	1,574
	Metro Suburbs	473	623	741	390	16,171
	Greater Minnesota	176	862	380	426	22,695
12th	Minneapolis & St. Paul	276	59	312	106	838
	Metro Suburbs	242	186	464	231	10,687
	Greater Minnesota	79	314	285	229	16,475

While most communities of color are concentrated in the Twin Cities metropolitan region, there were substantial numbers of survey participants from Greater Minnesota, particularly in the American Indian, Asian and Chicano/Latino communities. The sample sizes for each grade and region are shown in Table 1–2.

Cautionary Notes

Because the survey sample does not strictly match the overall youth population, caution should be used when interpreting the results. As a group, adolescents who were not involved in the survey could well face greater health risks than those who were. Caution is particularly urged when looking at results for high school seniors. The number of dropouts reaches its peak by 12th grade, and 12th graders also had the lowest rate of participation by enrolled students in the survey. In certain racial/ethnic groups and regions, the number of 12th grade participants is quite small.

Another cautionary note concerns the lack of information on family income in the Minnesota Student Survey. Poverty may be related to many of the health indicators and behaviors highlighted in this report, and child poverty rates in communities of color are three to six times higher than in the White community.[5] Some of the findings from the survey may be linked to family income and economic class, but we cannot confirm or deny that possibility.

Racial/Ethnic Identification

One of the most difficult challenges in using the Minnesota Student Survey stems from the way in which questions about racial/ethnic group were asked. In 1995, for the first time, students were given a list of racial/ethnic groups and were asked to check all groups that described or applied to them. In earlier surveys, students were asked to check one racial/ethnic group only.

The advantage of the new method is that it allows students who are multiracial to identify each of the major racial/ethnic groups that form their heritage. The disadvantage is that analyzing the results becomes more complex, and there is no reasonable way to compare survey results under the new method (1995) with results under the old method used in 1989 and 1992.

As Table 1–3 shows, many students described themselves as having more than one heritage or identity. For example, 1,594 students checked American Indian only, while 3,514 checked American Indian plus at least one other racial/ethnic group. Students of color were much more

For the purposes of this report, we have chosen to be inclusive. Analysis of racial/ethnic groups is based on any students who checked that group as either part or all of their heritage.

likely to indicate multiple identification than White students. Two–thirds (69%) of students who checked American Indian, over one–third (37%) of students indicating Chicano/Latino heritage, and one–fourth (25%) of those indicating African American heritage checked at least one other racial/ethnic group. Only 4 percent of students indicating White heritage also checked at least one of the communities of color.

In order to analyze the survey, we have to answer the question: Who should be counted as American Indian? Asian? White? It matters whether American Indian survey results are reported for the 1,594 who checked American Indian only (Column A, Table 1–3) or for the 5,108 who checked American Indian as part or all of their heritage (Column C, Table 1–3). For some survey questions, the results vary substantially depending on whether the analysis is based on the smaller or larger population.

Unfortunately, there is no clear rule for determining whether the sample shown in Column A or in Column C is the most appropriate. Using the smaller sample for American Indians, for example, would leave out large numbers of students who claim partial American Indian heritage, including many who may feel that American Indian is their primary identity. The larger sample, on the other hand, may include students who feel that their American Indian heritage, though present, is not their primary identity and who may have no contact with American Indian culture. Either choice is imperfect.

For the purposes of this report, we have chosen to be inclusive. Analysis of racial/ethnic groups is based on any students who checked that group as either part or all of their heritage (Column C). This means there is some overlap, since some students' responses are counted for more than one group. We felt, however, that this was preferable to excluding large numbers of multiracial students from the results or lumping them all together in a "multiracial" category.[6]

Focus Groups

Multiple choice surveys like the Minnesota Student Survey have inherent limitations. While allowing researchers to use large samples and cover many topics, they provide no opportunity to ask students what they meant by a particular response or to explain their feelings in their own words or to offer suggestions.[7]

Table 1–3:
Racial/ethnic Identification of Students Participating in 1995 Minnesota Student Survey

Racial/ethnic Group	Col. A Checked one group and no others	Col. B Checked group plus one or more other groups	Col. C Total checking each racial/ethnic group
African American	2,839 (75%)	929 (25%)	3,768 (100%)
American Indian	1,594 (31%)	3,514 (69%)	5,108 (100%)
Asian	4,202 (87%)	616 (13%)	4,818 (100%)
Chicano/Latino	1,799 (64%)	1,033 (37%)	2,832 (100%)
White	105,977 (96%)	4,349 (4%)	110,326 (100%)

To complement the survey and look more closely at health–related behaviors, the Urban Coalition conducted ten focus groups. Ninety teens, primarily between the ages of 14 and 17, from low-income neighborhoods in Minneapolis and St. Paul participated in the focus groups. The groups took place between January and November, 1997, and were held at neighborhood locations or agencies where youth tend to gather. Agencies hosting the focus groups and helping to recruit participants included:

- Inner City Youth League, Saint Paul
- The City, Inc., Minneapolis
- Ain Dah Yung, Saint Paul
- Pillsbury Neighborhood Services—Waite House, Minneapolis
- Neighborhood House and Chicano/Latino/Hmong Youth Enrichment Program, Saint Paul
- Pillsbury Neighborhood Services—Waite House and the Association for the Advancement of Hmong Women, Minneapolis
- Teens Networking Together, Saint Paul
- La Oportunidad, Minneapolis
- East Side Boys and Girls Club, Saint Paul
- District 202 Center for Lesbian, Gay, Bi-sexual Transgender Youth, Minneapolis.

The groups were held immediately after school. Food was served, and the youth received a small stipend for their participation. Parental notification and signed permission slips were required from each youth. The questions which focus groups members were asked to discuss dealt with health care; tobacco, alcohol and marijuana use; pregnancy prevention and sexually transmitted disease prevention; and violence.[8]

The focus groups were culturally segregated to increase the comfort level and encourage openness. Two groups were held for African American youth, two for American Indian youth, two for Hmong youth, two for Chicano/Latino youth, and two for White youth. The number of participants is shown in Table 1–4.

Table 1–4:
Focus Group Participants

Racial/ethnic Group	Boys	Girls	Total
African American	9	9	18
American Indian	10	9	19
Hmong	10	10	20
Chicano/Latino	14	5	19
White	8	6	14
Total	51	39	90

Organization of the Report

Chapters 2–3 are based solely on findings from the Minnesota Student Survey, while Chapters 4–8 report on the focus group discussions as well as the survey results. Because there are important differences between students in 6th, 9th and 12th grades, survey results on key questions are reported separately for each grade. Focus group comments are not broken down by grade. At times, survey findings by gender and region are reported. Tables and charts which show findings by gender and region are limited to the 9th grade population, in order to save space. (Results for 6th and 12th grades can be obtained from the Urban Coalition.)

Chapter Notes

[1] Based on unpublished data for the period 1989–1993 provided by the Minnesota Department of Health.

[2] For information on 1995 survey results for the general student population, see Minnesota Department of Children, Families and Learning, *Perspectives on Youth: Minnesota Student Survey 1989–1992–1995* (December 1995).

[3] The survey was administered to adolescents in these institutions in 1995 and 1996, and the findings were reported separately. Young people in these settings were more likely to engage in chemical use and other risky behaviors than were public school students. The Minnesota Department of Human Services has published supplemental reports on adolescents in the following settings: *Juvenile Correctional Facilities (November 1996); Alternative Schools and Area Learning Centers (January 1997); Chemical Dependency Treatment Programs (January 1997); Residential Behavioral Treatment Facilities* (February 1997).

[4] The lower participation rates in Minneapolis and St. Paul led to concern that the responses of inner city youths might be under-represented. We considered weighting the results by region, but decided against it when tests showed that weighting did not affect outcomes by more than one or two percentage points.

[5] According to the 1990 census, statewide poverty rates for children were:

African American	49.1%
American Indian	54.2%
Asian	36.6%
Chicano/Latino	30.0%
White	8.4%

[6] Further information on how the results vary depending on whether the analysis is done on the students represented by Column A or by Column C can be obtained by contacting the Urban Coalition at (612) 348-8550, Ext. 231.

[7] An ambitious national study is underway which combines written surveys, in-home interviews with adolescents, and interviews with one parent of each adolescent. See Michael Resnick et al, "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent health," *Journal of the American Medical Association*, Vol. 278, No. 10, Sept. 10, 1997: 823-832.

[8] Questions used in the focus groups can be obtained by calling the Urban Coalition at (612) 348-8550, Ext. 231.

[9] Minnesota Department of Children, Families and Learning, *Perspectives on Youth: Minnesota Student Survey 1989–1992–1995*, December 1995, pp. 15–16.

CHAPTER TWO

SOCIAL ENVIRONMENT: FAMILY, SCHOOL, ACTIVITIES

As indicated earlier, the Minnesota Student Survey provides no information on family income, poverty rates or parent employment. But it does cover questions that help us understand the environment in which adolescents live, particularly their relationships with parents and school, responsibilities at home, and involvement in activities.

Family Structure

Nearly three–fourths (73%) of adolescents participating in the survey lived with two parents (which could include adoptive parents and step-parents as well as birth parents). Well over two–thirds of Asian students (69%), over half of American Indian and Chicano/Latino students (57% and 54% respectively), and over one–third of African American students (37%) lived in two–parent families. Most other students lived with one parent. Some lived part–time with their mother and part–time with their father. Students of color were slightly more likely than White students to be living with relatives, foster parents or non-related adults. (Table 2–1).

Nearly three–fourths (73%) of adolescents participating in the survey lived with two parents.

Table 2–1:
Primary Living Arrangements for Students (6th, 9th and 12th Grades Combined)

	African American	American Indian	Asian	Chicano/ Latino	White
Two–parent family*	37%	57%	69%	54%	76%
Sometimes with my mother, sometimes with my father*	5%	9%	4%	7%	6%
One–parent family*	48%	28%	19%	30%	16%
Relatives, foster parents and non-related adults	7%	5%	5%	6%	1%
Don't live with any adults	3%	2%	3%	3%	2%
TOTAL	100%	100%	100%	100%	100%

* Two–parent and one–parent families may also have relatives and non-related adults living in the household.
Source: Minnesota Student Survey—1995

Students from one–parent families were just as likely to feel that their parents cared about them as students from two–parent families.

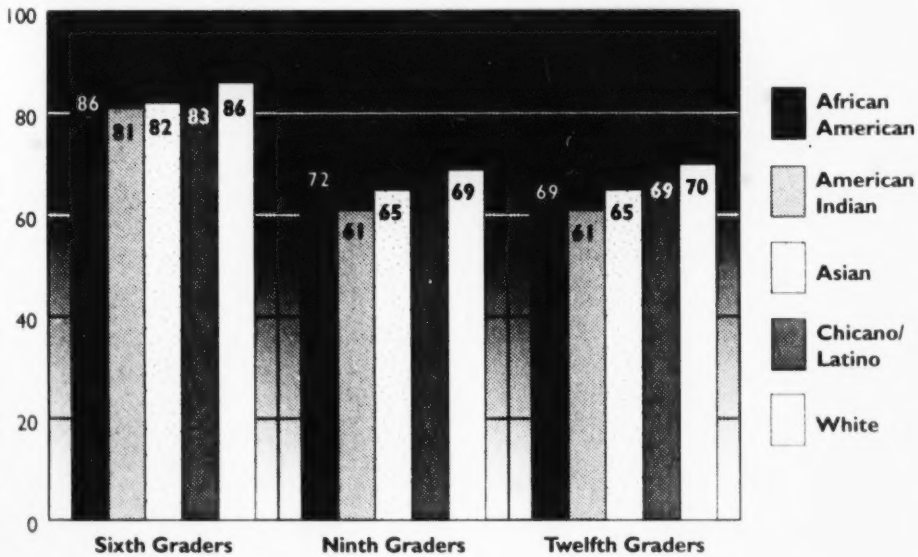
Parent and Family Relationships

Although many people in our society have questioned the strength of today's families, students seemed to feel positive about their relationship with their parents. Overall, 86 percent of 6th graders and over two–thirds of 9th and 12th graders felt that their parents cared about them "very much."

The feeling that parents cared about them ***"very much"*** was equally strong among students of different racial groups (Figure 2–A), among boys and girls, and among students from different parts of the state. Students from one–parent families were just as likely to feel that their parents cared about them as students from two–parent families.

Perceptions of overall family life were also fairly positive. For example, two–thirds of African American 9th graders felt their family cared about their feelings ***"very much"*** or ***"quite a bit"***, and just under half felt their family understood them, had lots of fun together and respected their privacy. (Table 2–2) African American and White 9th graders were slightly more likely than other students to express positive feelings about their families, but differences between racial/ethnic groups were not substantial.

Figure 2–A
Percent who feel parents care about them "very much"



Source: Minnesota Student Survey—1995

Table 2–2:
Percent of 9th Grade Students with Positive Feelings about Family

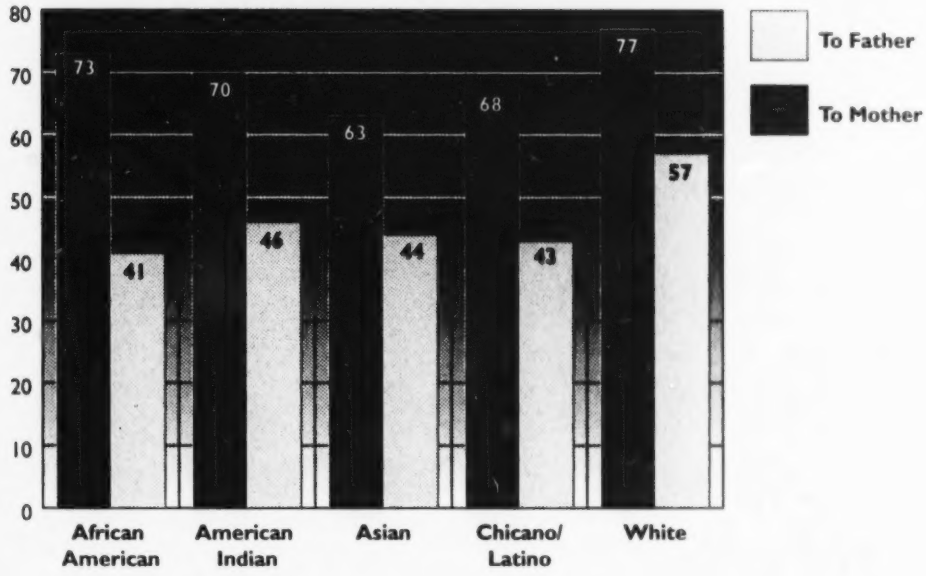
	African American	American Indian	Asian	Chicano/ Latino	White
Answered *"very much"* or *" quite a bit"* when asked how much...					
Your family cares about your feelings?	67%	58%	56%	61%	67%
Your family understands you?	46%	35%	36%	39%	43%
Your family has lots of fun together?	47%	37%	37%	39%	43%
Your family respects your privacy?	48%	44%	44%	43%	51%

Source: Minnesota Student Survey—1995

An important indicator of parent-child relationships is whether the child feels that they can talk with their parents when they are grappling with problems.

An important indicator of parent–child relationships is whether the child feels that they can talk with their parents when they are grappling with problems. Solid majorities of adolescents in all racial/ethnic groups felt they could talk with their mothers ***"most of the time"*** or at least ***"some of the time"*** about problems they were having. However, students of every racial/ethnic group were less likely to feel they could talk with their fathers than with their mothers. Fewer than half of 9th grade students in each community of color said they could talk with their fathers about problems. (Figure 2–B) Much of the difference was due to the fact that many adolescents, particularly adolescents of color, were not living with their fathers. Even in two–parent families, though, students on the whole felt somewhat more comfortable talking to their mothers than with their fathers.

Figure 2–B
Percent of 9th graders who can talk to parents "most of the time" or "some of the time"



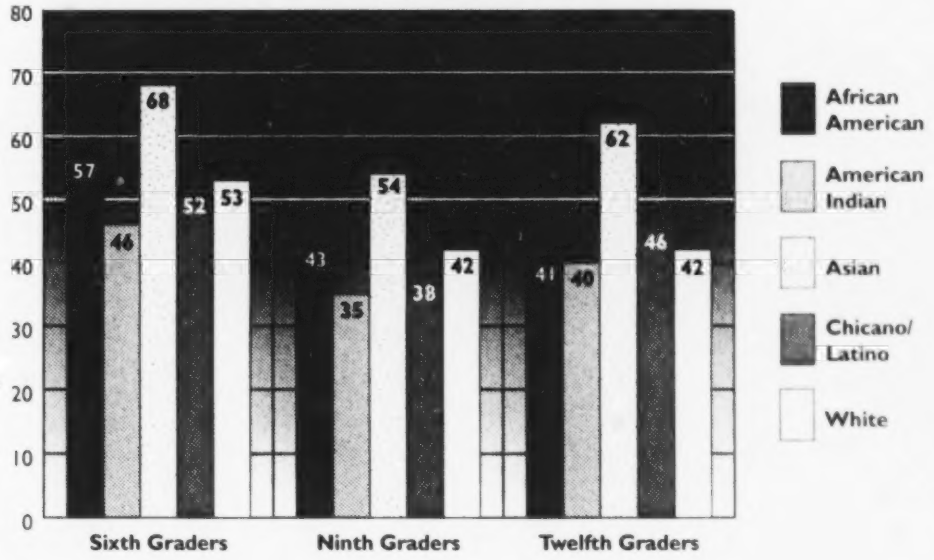
Source: Minnesota Student Survey—1995

...students of every racial/ethnic group were less likely to feel they could talk with their fathers than with their mothers.

Liking School

Feelings about school were somewhat divided. In the total student sample, slightly under half (46%) clearly liked school, about one–third (32%) were lukewarm or neutral, and one–fifth (21%) said they disliked or hated school. Asian students had far more positive feelings about school than other racial/ethnic groups. In the 6th grade, for example, 68 percent of Asian students said they liked school "very much" or "quite a bit." (Figure 2–C)

Figure 2–C
Percent who like school "very much" or "quite a bit"



Source: Minnesota Student Survey—1995

Skipping or cutting school occurred with alarming frequency

Skipping School

Skipping or cutting school occurred with alarming frequency, particularly among students of color. Nearly one–fourth (23%) of Chicano/Latino 9th graders reported they skipped at least three full days of school in the past 30 days, as did 18 percent of African American, 17 percent of American Indian and 15 percent of Asian students. In contrast, 7 percent of White ninth graders skipped three days of school—a percent which is still disturbingly high. Skipping school became more frequent as students approached their senior year. (Figure 2–D)

In 6th grade, girls were about as likely as boys to skip school, but gender differences emerged as the students became older. By 12th grade, boys were more likely to skip school than girls in each racial/ethnic group.

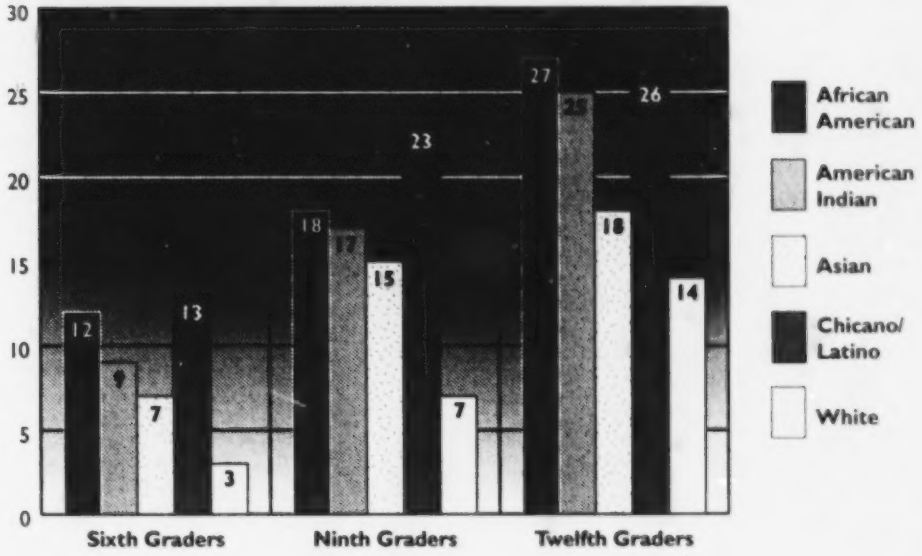
In the African American community, skipping school was far higher in Greater Minnesota than anywhere else in the state. For American Indian and Asian students, skipping school was higher in the cities of Minneapolis and St. Paul than anywhere else. For Chicano/Latino students, regional differences were mixed—6th graders living in Greater Minnesota were more likely to skip school than those living in other regions, but by 12th grade skipping school had become more common

in Minneapolis and St. Paul. Regional differences were very strong in the White community. White students from Minneapolis and St. Paul were more than twice as likely to skip school as those from the suburbs or Greater Minnesota. By 12th grade, White students in Minneapolis and St. Paul were skipping school just as often as students of color.

Skipping school or cutting classes not only disrupts learning but may be an indicator of alienation from school. Homelessness and frequent moves due to eviction, inability to afford rent or other causes can contribute to missing school, as can concerns about safety either at school or in the neighborhood. Frequent skipping may be an early warning sign that the student may eventually drop out of school.

By 12th grade, White students in Minneapolis and St. Paul were skipping school just as often as students of color.

Figure 2–D
Percent who skipped full day of school three or more times in past 30 days



Source: Minnesota Student Survey—1995

Aspirations for Higher Education

Despite disturbing rates of skipping school, aspirations for higher education were very high and did not differ much from one group to another. Over 80 percent of sixth graders and over two–thirds of ninth graders from all racial/ethnic groups said they planned to go on to college. Students of color were as likely as White students to report that they worried ***"very much"*** about ***"doing well in school"*** and about ***"getting accepted into college"*** The tragic reality is that large numbers of students of color who hope to go to college are not going to receive a college education.

...aspirations for higher education were very high and did not differ much from one group to another.

...it seems clear that responsibility for other children falls much more heavily on students of color than White students.

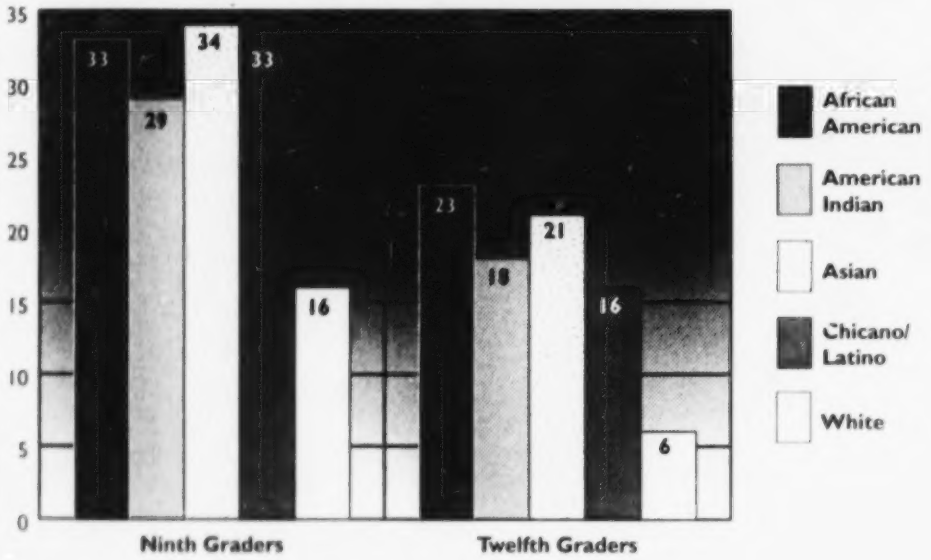
Responsibilities at Home

Students from communities of color tend to have more responsibilities at home than do students from the White community. In each community of color, ninth graders were twice as likely as Whites to have ***"primary responsibility"*** for raising a child, usually a brother, sister, or relative but in some cases their own child. The gap was also very sharp among 12th graders, where 23 percent of African American students indicated they had primary responsibility for raising a child, compared to 6 percent of White students. (Figure 2–E)

The survey did not delve into what specific activities these adolescents handled as they cared for children. Some may have been completely responsible for the care of an infant or toddler, others may have assisted with child care in various ways, and still others may have been ***"looking out for"*** a sibling. But whatever this question meant to the respondents, it seems clear that responsibility for other children falls much more heavily on students of color than White students.

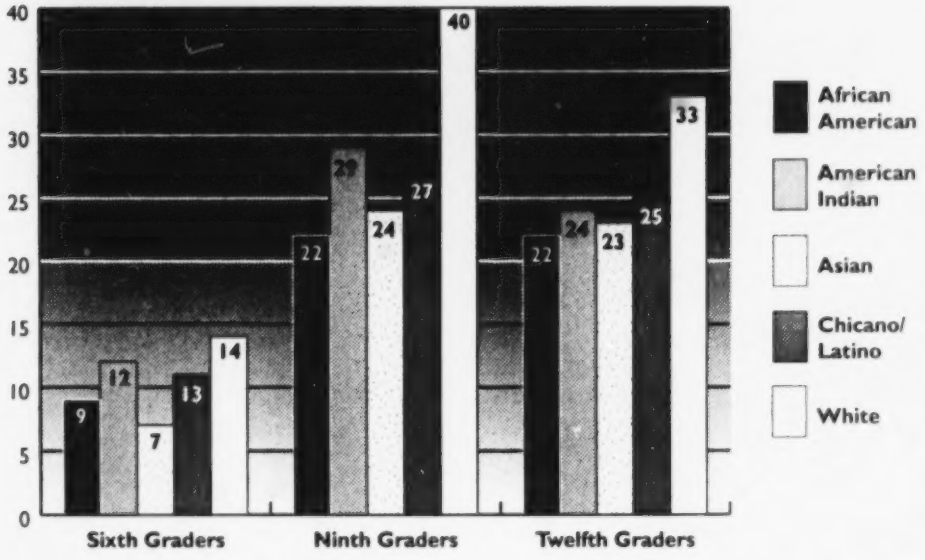
Students of color also spent slightly more time on chores at home than White students.

Figure 2–E
Percent having primary responsibility for raising a child



Source: Minnesota Student Survey—1995

Figure 2–F
Percent who spend 6+ hours/week playing sports on school team



Source: Minnesota Student Survey—1995

Activities

White students were far more likely than students of color to be involved in team athletic activities at school. Among ninth graders, for example, 40 percent of White students and only 22 percent of African American students spent at least six hours per week playing sports on a school team. Perhaps because of the media attention devoted to basketball and football, it is commonly assumed that students of color, particularly African Americans, are heavily involved in sports and benefit from the discipline, teamwork and mentoring that sports and other school activities can provide. The survey shows, however, that school sports fail to reach large numbers of students of color. (Figure 2–F)

...school sports fail to reach large numbers of students of color

Sports participation among students of color was lower in the central cities of Minneapolis and St. Paul than in other regions of the state. For example, 16 percent of ninth grade African Americans living in Minneapolis and St. Paul participated in school sports, compared to 28 percent of ninth grade African Americans living in the suburbs and 34 percent of those living in Greater Minnesota. In most racial/ethnic groups, sports participation was significantly higher among boys, except in the Asian community, where boys and girls were involved at equal rates.

White students were somewhat more likely than students of color to be involved in musical activities such as band, choir, orchestra or music lessons. On the other hand, students of color spent more time on volunteer work and community service than White students. (Table 2–3)

Table 2–3:
Involvement in Community Service and Musical Activities: 9th Graders

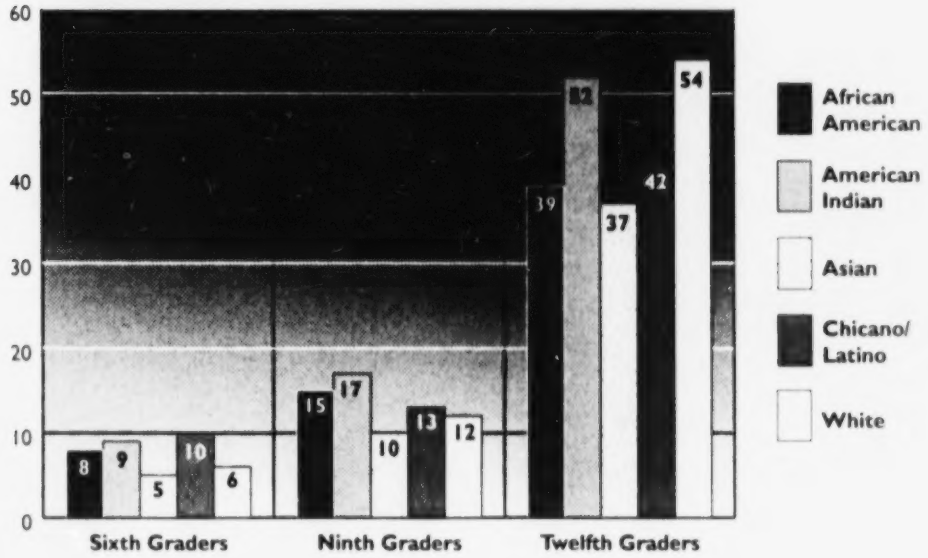
	African American	American Indian	Asian	Chicano/ Latino	White
Percent spending three+ hours/week on volunteer work or community service	12%	11%	12%	12%	7%
Percent spending three+ hours/week on band, choir, orchestra, music lessons or practice	15%	20%	20%	16%	26%

Source: Minnesota Student Survey—1995

Working for Pay

Twelve percent of ninth graders reported working for pay more than 10 hours per week. Among these younger students, there were few differences between racial/ethnic groups. However, significant differences did appear by 12th grade. In their senior year, over half of American Indian and White students were working at least quarter-time compared to roughly two of every five African American, Asian, and Chicano/Latino students.

Figure 2–G
Percent who spend more than 10 hours/week working for pay



Source: Minnesota Student Survey—1995

Regional differences in employment also emerged by 12th grade. In each racial/ethnic group, employment among high school seniors was much greater in the suburban metro region, where job growth is increasing rapidly, than in the cities of Minneapolis and St. Paul or in Greater Minnesota.

EMOTIONAL DISTRESS, SUICIDE ATTEMPTS AND ABUSE

CHAPTER 3

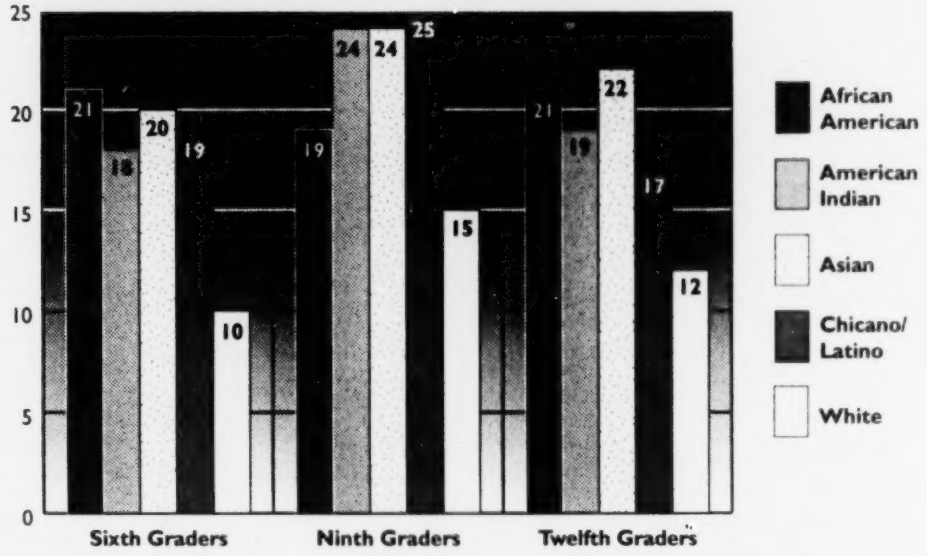
Emotional Distress

Emotional distress, as indicated by feelings of hopelessness, anxiety, stress and sadness, was found to be significantly greater among students of color than among White students.

Students in all communities of color and at all grade levels were much more likely to report they felt discouraged or hopeless than were White students. Twenty-one percent of African American 6th graders, for example, expressed strong feelings of hopelessness compared to 10 percent of their White counterparts. (Figure 3–A)

Emotional distress was found to be significantly greater among students of color than among White students.

Figure 3–A
Percent feeling very discouraged or hopeless



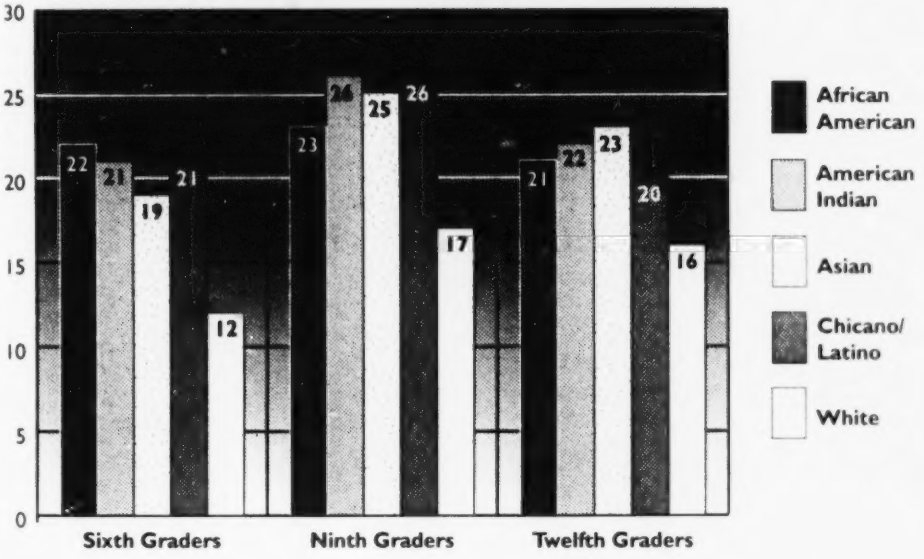
Source: Minnesota Student Survey—1995

Note: The question asked: "During the last 30 days, have you ever felt so discouraged or hopeless that you wondered if anything was worthwhile?" Figure 3-A indicates those students who answered "Extremely so, to the point that I have just about given up" or "Quite a bit."

24 percent of Chicano/Latino 9th graders said they felt sad most of the time compared to 13 percent of White students.

Similarly, students of color were consistently more likely to say they felt nervous, worried or upset ***"all of the time"*** or ***"most of the time."*** About one of every four 9th graders (23-26%) from each community of color said they felt this way frequently, compared to one of every six White students (17%). (Figure 3-B)

Figure 3–B
Percent feeling nervous, worried or upset "all of the time" or "most of the time"



Source: Minnesota Student Survey—1995

Students of color were also consistently more likely than White students to report feeling under great stress or pressure and feeling sad ***"most of the time."*** For example, 21 percent of 9th grade Chicano/Latino students felt under great stress or pressure ("almost more than I could take") compared to 13 percent of White students. Similarly, 24 percent of Chicano/Latino 9th graders said they felt sad most of the time compared to 13 percent of White students.

For each of these indicators—hopelessness, anxiety, stress and sadness—9th and 12th grade girls were more likely than boys to indicate high levels of emotional distress.

Suicide Attempts

Suicide is the second leading cause of death among late adolescents and young adults (15-24 years old) in Minnesota. For every actual death by suicide, there are many more young people who have attempted to kill themselves or at least do serious harm to themselves.

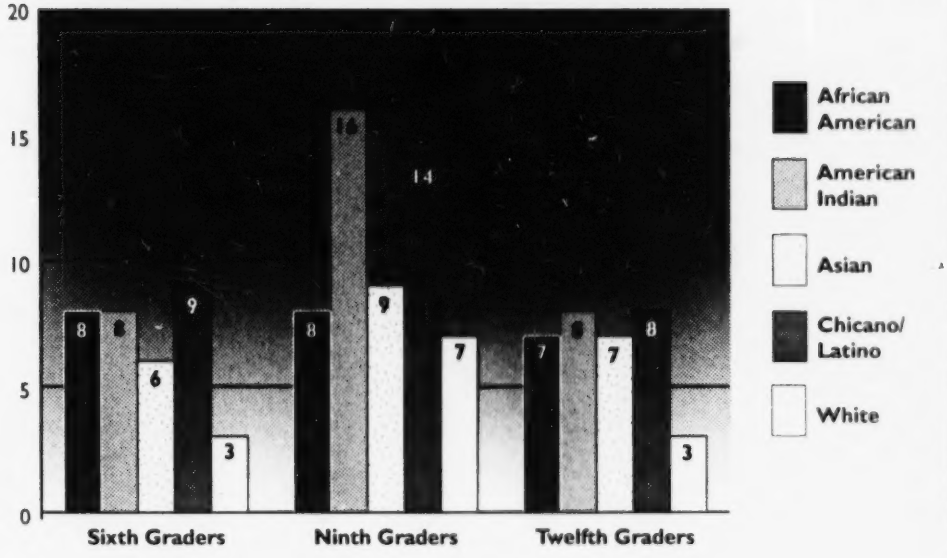
The Minnesota Student Survey asked students if they have had thoughts about suicide and if they have actually tried to kill themselves. The survey did not ask further questions on this sensitive subject. We have no information on how the young people tried to kill themselves, how life-threatening the attempt was, and what injuries or health consequences resulted from it. Despite the absence of additional information, it is important to know that young people perceived that they had taken steps to kill themselves. Suicidal thoughts and attempts are very important concerns in their own right and are strong indicators of depression, turmoil and emotional distress.

Students of color in the 6th and 9th grades were more likely than White students to have thought about suicide, and students of color at all grade levels are more likely than Whites to agree with the statement ***"I would like to kill myself."***

Figure 3–C indicates the percent of students who said they had tried to kill themselves within the past year. Reports of attempted suicide peaked in the 9th grade, particularly among American Indian and Chicano/Latino students. Sixteen percent of American Indian 9th graders and 14 percent of Chicano/Latino 9th graders reported they had tried to kill themselves. In the 6th and 12th grades, each community of color had attempted suicide rates that were much higher than their White counterparts.

Suicide is the second leading cause of death among late adolescents and young adults (15–24 years old) in Minnesota.

Figure 3–C
Percent who tried to kill themselves in past year



Source: Minnesota Student Survey—1995

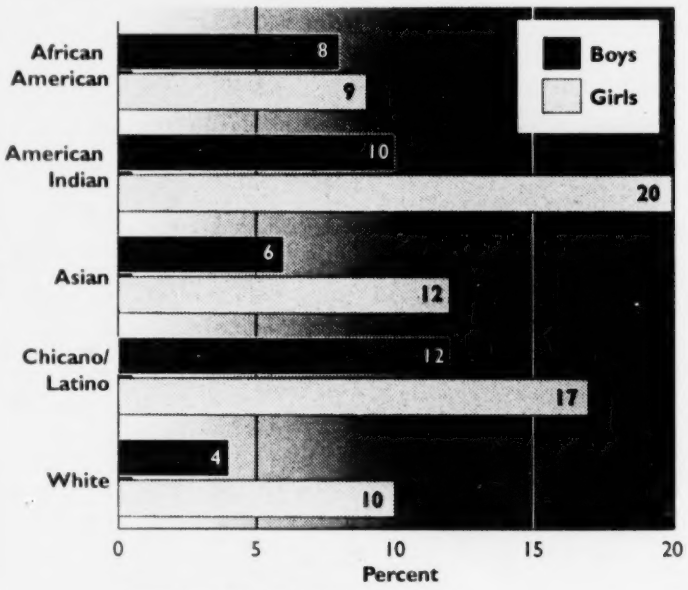
Reports of attempted suicide peaked in the 9th grade, particularly among American Indian and Chicano/Latino students.

Among 9th grade students in the American Indian, Asian, Chicano/Latino and White communities, girls were much more likely than boys to indicate an attempted suicide.

Regional differences in attempted suicide were mixed. In the African American and Asian communities, those living in Greater Minnesota were more likely to have tried to kill themselves than those living in Minneapolis and St. Paul or in the metro area suburbs. In the Chicano/Latino community, attempted suicide among 6th graders was highest in Greater Minnesota while among 9th and 12th graders it was highest in the suburbs. In the American Indian community, the highest rate of reported suicide attempts among 9th and 12th graders was also found in the suburbs.

For the most part, girls and boys were about equally likely to report that they had tried to kill themselves. Ninth grade was the exception. Among 9th grade students in the American Indian, Asian, Chicano/Latino and White communities, girls were much more likely than boys to indicate an attempted suicide. (Figure 3–D)

Figure 3–D
Percent of ninth graders who tried to kill themselves in past year, by gender



Source: Minnesota Student Survey—1995

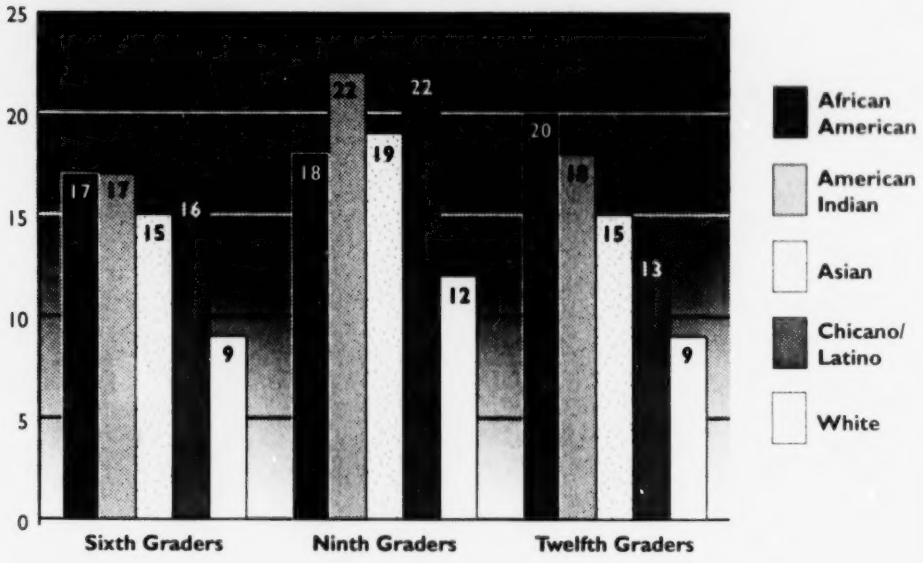
Experiencing Hurtful Behavior

The Minnesota Student Survey asked students if they had ever been physically hurt by an adult household member or experienced unwanted sexual touching by an adult. Such experiences, depending on severity, may affect an adolescent's emotional, mental and even physical health. However, the survey did not inquire further into the frequency and severity of the events, how long ago they occurred, or how the adolescent felt about what had happened.

Students were asked:
"Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?" Students from each community of color were more likely than White students to say they had been hit in this way. (Figure 3–E) Twenty–two percent of 9th grade American Indian and Chicano/Latino students reported being hit in this way, compared to 12 percent of White 9th graders. There were no consistent gender or regional differences, except that in all racial/ethnic groups, 9th grade girls were more likely to report being hit than 9th grade boys.

"Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?"

Figure 3–E
Percent who were hit hard or often by adult in household



Source: Minnesota Student Survey—1995

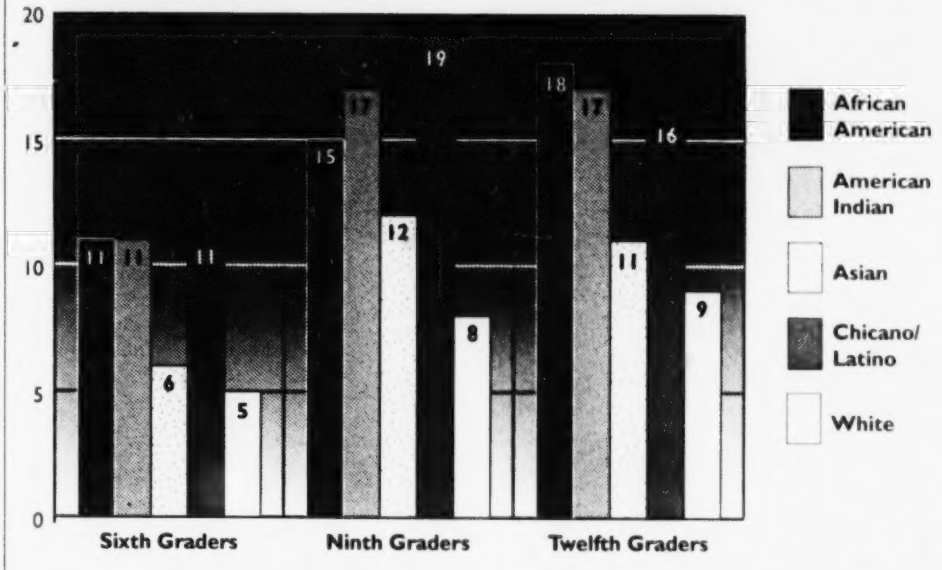
Girls were two to four times more likely than boys to say they had been touched sexually against their wishes.

The survey also asked: ***"Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?"*** A similar question asked if this had been done by ***"any older or stronger member of your family."*** We combined these two questions to obtain an overall indicator of unwanted sexual behavior against the student.

At each grade level, African American, American Indian and Chicano/Latino students were most likely to report that they had been touched sexually against their wishes at some time. Nearly one in five Chicano/Latino 9th graders said they had been touched sexually against their wishes by either a family member or an older person outside the family. Asian and White students were least likely to report this kind of experience. (Figure 3–F)

Girls were two to four times more likely than boys to say they had been touched sexually against their wishes. Among Chicano/Latino students, reports of sexual touching were much less common in Minneapolis and St. Paul than in the rest of the state, while in the African American community reports of sexual touching were nearly twice as high in Greater Minnesota than elsewhere in the state.

Figure 3–F
Percent saying they had been touched sexually against their wishes



Source: Minnesota Student Survey—1995

SMOKING CIGARETTES

CHAPTER 4

Extent of Smoking

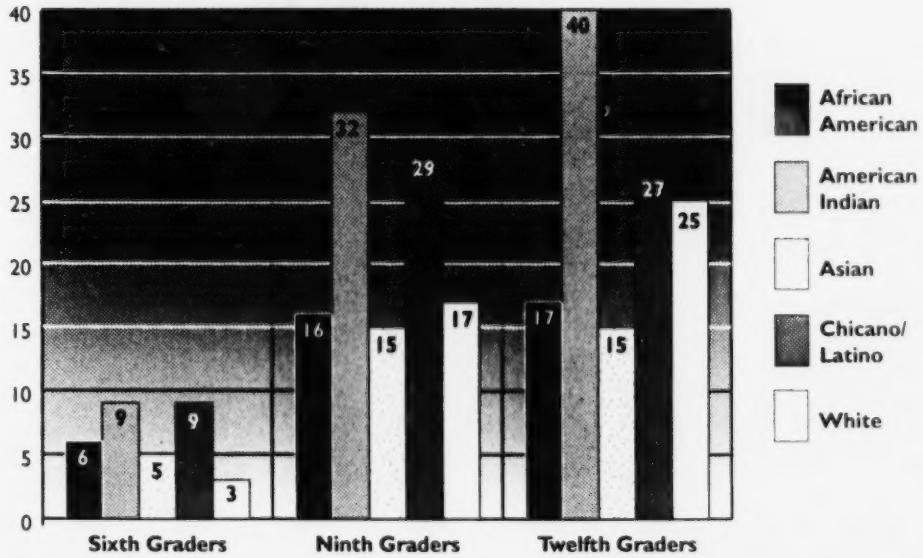
Large numbers of young people smoke cigarettes regularly. Figure 4–A indicates the percentage of students who were daily smokers (those who reported smoking at least 1–5 cigarettes per day). Of the daily smokers, about half said they smoked only 1–5 cigarettes per day while the other half said they smoked a half-pack or more a day.

Regular use of cigarettes was most common among American Indian and Chicano/Latino youth. Even in 6th grade, 9 percent of American Indian and Chicano/Latino youth reported smoking cigarettes daily. For all racial/ethnic groups, the greatest increase in smoking occurred between the 6th and 9th grades. By 9th grade, 32 percent of American Indian students and 29 percent of Chicano/Latino students were smoking regularly. By 12th grade, 40 percent of American Indian students were smoking daily.

Students who smoke daily had typically been smoking for two or more years. In each racial/ethnic group, most of the 6th grade daily smokers reported they had started smoking when they were ten years old or less. The majority of 9th grade daily smokers in each racial/ethnic group had started smoking when they were twelve years old or younger.

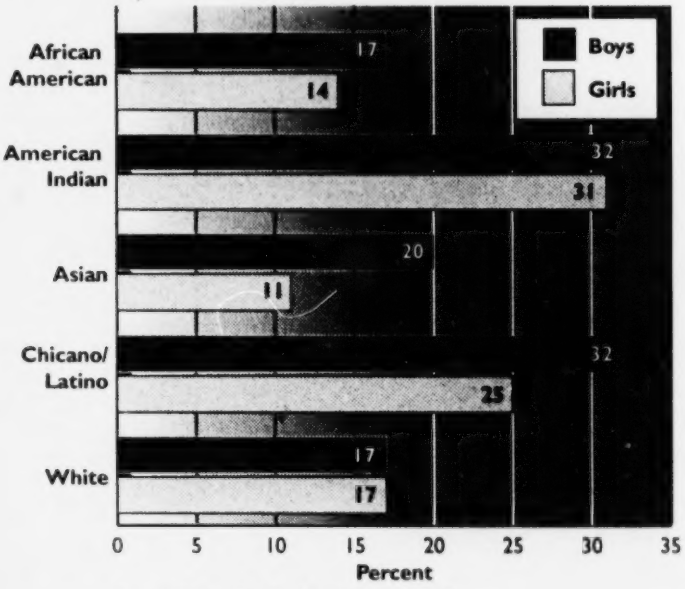
Regular use of cigarettes was most common among American Indian and Chicano/Latino youth.

Figure 4–A
Percent smoking one or more cigarettes per day



Source: Minnesota Student Survey—1995

Figure 4–B
Percent of ninth graders smoking daily, by gender



Source: Minnesota Student Survey—1995

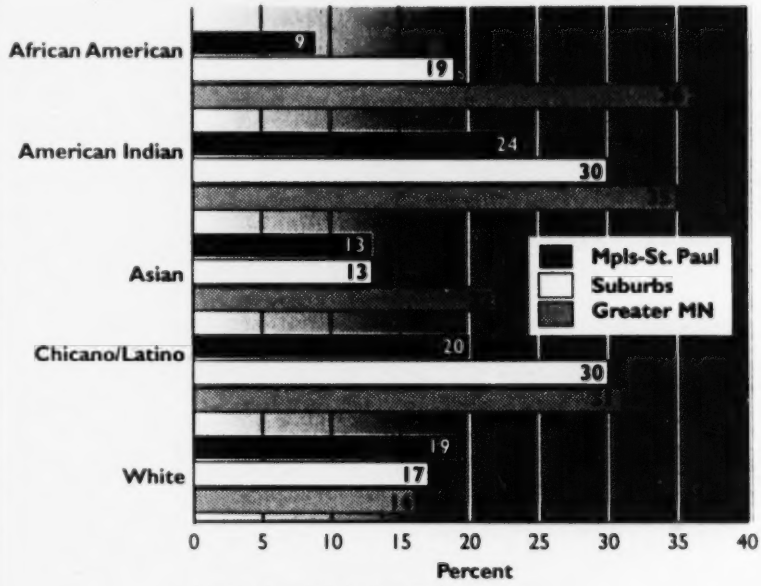
Among 9th grade Asian and Chicano/Latino students, boys were much more likely to smoke daily than girls. At other grade levels and in other groups, the smoking rate was slightly higher for boys or there was no difference at all. (Figure 4–B)

In each community of color, smoking rates differed sharply depending on where young people lived in Minnesota. In 9th and 12th grades, students living in Minneapolis and St. Paul consistently had the lowest smoking rates in all four communities of color. Among all 9th grade students, African Americans living in Minneapolis and St. Paul had the lowest daily smoking rate (9%) in the state. (Figure 4–C)Among 12th grade students, African Americans and Asians living in the cities had the lowest daily smoking rates (both 11%) in the state.

The sharpest regional differences occurred in the African American community. Only 9 percent of African American 9th grade students living in Minneapolis and St. Paul smoked cigarettes daily. In contrast, 19 percent of those living in the metro suburbs and 36 percent of those living in Greater Minnesota smoked daily. (Figure 4–C)

In 9th and 12th grades, students living in Minneapolis and St. Paul consistently had the lowest smoking rates in all four communities of color.

Figure 4–C
Percent of ninth graders smoking daily, by region



Source: Minnesota Student Survey—1995

Focus Groups: Adolescents Discuss Smoking

In the focus groups, young people talked freely about smoking cigarettes and about what influenced them to smoke or refrain from smoking.

Overview

Several adolescents felt that they were addicted or said they had friends who were. As one Hmong youth said: ***"I smoke because I'm used to it. I'm addicted to it."*** Another Hmong youth added: ***"To me, it's just like water. I'm addicted."*** Well before the 1998 Minnesota tobacco trial started, an American Indian youth said: ***"I smoke, and I think it's a big conspiracy by the big tobacco companies to get lots of kids addicted so they can make big profits."*** An African American girl wondered how anyone could smoke: ***"I don't understand why you would get to smoking. I have this friend who started smoking because some of her friends smoke. Now she's so addicted. I don't understand it. How do you just pick up a cigarette and start smoking?"***

Some youths answered the girl's question by pointing to stress. An African American youth in the same focus group said: ***"Some people have problems and it relieves them of their stress."*** A Hmong youth said: ***"Nowadays people smoke because they're stressed out."*** Another Hmong youth added: ***"Our friends do it because it's a habit, and then sometimes we do it because we're depressed and we have problems. We are stressed out."***

A few of the kids noted that smoking helps them stay awake or eases hunger. Said one African American youth: ***"Cigarette is great. If you smoke, then you're not hungry."***

Many adolescents noted that smoking was ***"bad for you,"*** although there was not much explanation of specific health effects. Some thought smoking was ***"ugly."*** Some of the strongest negative feelings were expressed by youths put off by the smell. A Hmong youth said: ***"You go around the school and you see a whole bunch of young people smoking. You can just tell when they walk, it smells. they're so into it."***

Among all 9th grade students, African Americans living in Minneapolis and St. Paul had the lowest daily smoking rate (9%) in the state.

"I don't understand why you would get to smoking. I have this friend who started smoking because some of her friends smoke. Now she's so addicted. I don't understand it."

"If your friends are smoking and they say you're weird or something if you don't smoke, you ain't gotta do what they say."

Influences

Focus group members were also asked what they thought influenced kids' decisions about tobacco. While much of the public discussion about this question focuses on parents or peers or the media, some of the adolescents answered with one word—"me." These adolescents—primarily African American and White—seemed to see themselves as the decision-makers who could not be controlled or influenced to do anything.

- ***"I have the biggest influence over what I do"*** [African American]
- ***"I'm not influenced by nobody. I do things because I want to do them."*** [African American]
- ***"Me... If your friends are smoking and they say you're weird or something if you don't smoke, you ain't gotta do what they say."*** [African American]
- ***"Everybody always makes excuses. It's your choice... I've smoked and drank before, and I'm not going to blame it on my family or others. That was my personal choice."*** [White]
- ***"It's totally on you whether you want to smoke."*** [White]
- ***"No one. I choose. I don't think anyone could have an influence on me because I know all the negative things about smoking."*** [White]

Parents

"My mom didn't find out I was smoking until I was 11, and I had been smoking since I was 7."

Most teens felt that their parents wouldn't like it if they smoked cigarettes. Many students say they would respect their parents' wishes about smoking. As a white youth said:

- ***"I do respect my parents' opinions because they practice what they preach—they never do anything."***

But others said they would not heed their parents' wishes or would keep it secret or have reached an accommodation with them:

- ***"At first, my parents told us not to do it, but now, they don't anymore because they know that even if they yell at us, we're still gonna do it anyway."*** [Hmong]
- ***"They tried to stop me, but my other brothers do it too, so they can't say much."*** [Hmong]
- ***"My mom didn't find out I was smoking until I was 11, and I had been smoking since I was 7."*** [White]
- ***"Me and my parents, we don't really get along, so most of the time I don't really care about what they think."*** [Hmong]
- ***"My parents don't like it. I try to respect them so I go out of the house. She told me not to do that kind of stuff."*** [Chicano/Latino]
- ***"My mom's not around the house when I smoke... I respect my mom, but I smoke anyway."*** [White]

Adolescents did take notice of whether their parents smoked. Some thought the fact that their parents smoked gave them less influence over their children's decisions. An African American youth said: ***"I don't think [my smoking] is a big issue because my mom does it, she used to, and my stepfather is still smoking."*** Another African American added: ***"My mom smokes herself, so she tells me I can do it if I want to."*** A Hmong youth said simply: ***"They do it, but they tell us not to do it."***

Peers

Some focus group members did feel that peer pressure influences kids to start or keep smoking.

An African American youth said:

- ***"It's up to me, but my friends do have a whole lot to do with it."***

And a Hmong youth explained:

- ***"I smoke because of peer pressure, stress. It's kind of like forgetting about the things I didn't want to do. It kind of started as peer pressure. I got a lot of friends who smoke."***

"I smoke because of peer pressure, stress. It's kind of like forgetting about the things I didn't want to do."

Media

Many focus group members minimized the impact of advertising, but others felt it did influence some people:

- ***"Little kids are watching this, and if they see it, they're gonna think something. Now this is where the parents come in, but the question is, are the parents watching the kids or is the TV watching the kids."*** [African American]
- ***"The media makes everything so big."*** [African American]
- ***"It makes me think about it."*** [American Indian]
- ***"They'll do what they want to do. They have certain groups that they target. It's like they're brainwashing you."*** [American Indian]
- ***"Advertising has as much influence as your friends."*** [Chicano/Latino]

Some youths emphasized that advertising works by creating an unreal fantasy world full of images of power and control. An African American youth thought advertising had influence ***"because some people are just that stupid and that dumb to think that 'If I smoke, I'm gonna get her'."*** An American Indian youth had this suggestion: ***"I think that if they're going to make a commercial, do it so that it really looks like it actually is."***

"The media makes everything so big."

ALCOHOL AND MARIJUANA USE

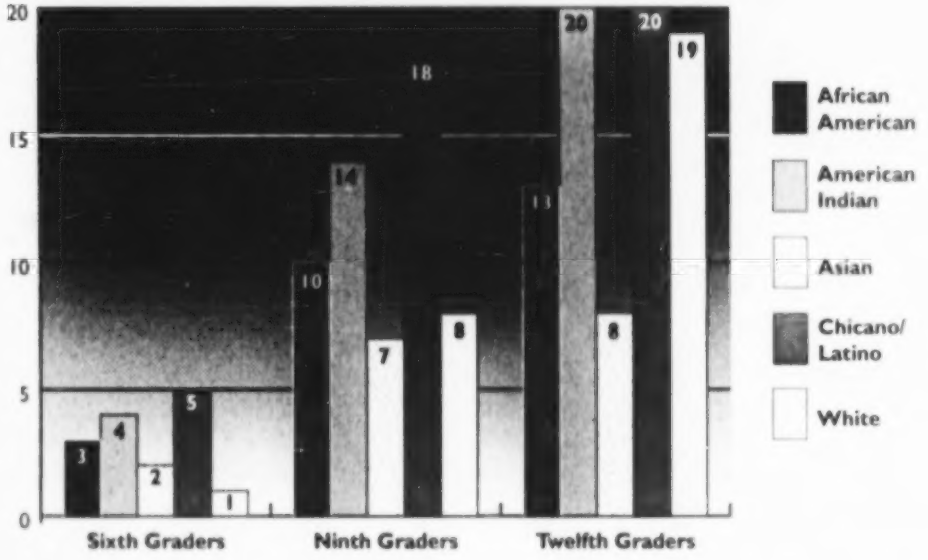
CHAPTER 5

Extent of Alcohol Use

Like smoking, student reports of regular drinking increased rapidly between 6th and 9th grades. By 9th grade, 18 percent of Chicano/Latino students indicated that they drank beer, wine or hard liquor weekly or more often. By 12th grade, one of every five American Indian, Chicano/Latino and White students (20%, 20% and 19%) drank weekly or more often, compared to only one in every twelve Asian students (8%). By the senior year, alcohol use seems to have leveled off among Asian students, but it increased most dramatically among White students. (Figure 5–A)

By 12th grade, one of every five American Indian, Chicano/Latino and White students drank weekly or more often.

Figure 5–A
Percent using alcohol "weekly"



Source: Minnesota Student Survey—1995

Boys were more likely to be regular drinkers than girls in each racial/ethnic group. The gap between boys and girls tended to increase as the students became older. For example, among White 9th graders, 9 percent of boys and 7 percent of girls reported drinking weekly. By 12th grade, 24 percent of White boys and 14 percent of White girls said they drank weekly.

Regional differences in alcohol use were somewhat similar to regional differences in smoking cigarettes. In all four communities of color in both the 9th and 12th grades, weekly use of alcohol was lowest in the cities of Minneapolis and St. Paul and highest in Greater Minnesota. Among 9th graders, Asian students living in Minneapolis and St. Paul had the lowest rate of regular drinking of any group in the state. Only 2 percent of Asian 9th graders living in the cities drank weekly or more often. (Figure 5–B)

In all four communities of color in both the 9th and 12th grades, weekly use of alcohol was lowest in the cities of Minneapolis and St. Paul and highest in Greater Minnesota.

Only 2 percent of Asian 9th graders living in the cities drank weekly or more often.

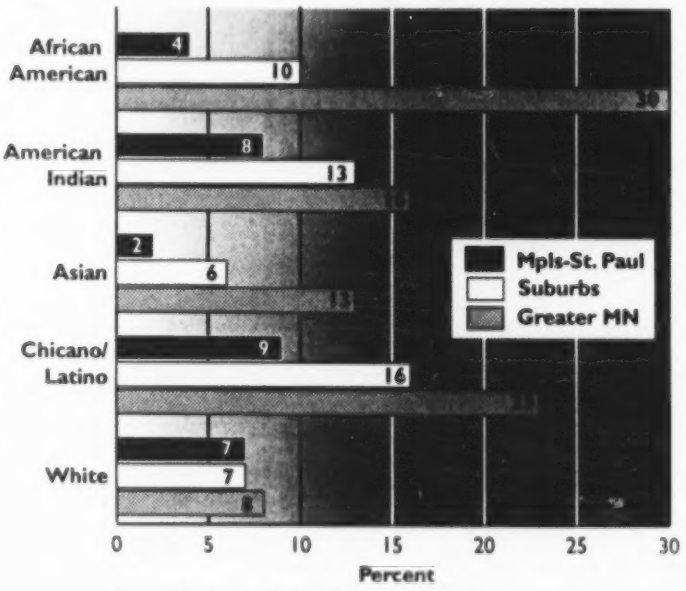
Focus Groups: Adolescents Discuss Drinking

Overview

Negative comments about drinking alcohol far outweighed positive comments when the subject of alcohol was discussed in the focus groups. African American youth were by far the most vocal in expressing their distaste. Adolescents said that drinking alcohol ***"will mess you up."*** It leads to loss of memory, kills brain cells, takes away common sense and good judgment and causes you to lose self-control. As one African American youth said: ***"Why would you want to drink something that you can't control yourself when you drink it."*** Another said ***"I think alcohol is worse than drugs."*** A Hmong youth spoke for many when he said: ***"I find it so disgusting. I find no enjoyment in doing that. Well, I've tried once or twice."***

Drinking had its defenders. One sentiment expressed by focus group members was that drinking alcohol was OK as long as you knew your limit and kept yourself under control. An African American youth said: ***"If you drink, you should always know your limit. Eat before you drink. Know when you're swirling."*** Another sentiment was that occasional drinking, especially for celebrations, was OK. A Hmong youth explained: ***"I think that if it's to celebrate, it's okay. As long as you don't do it all the time and get violent. But everybody can drink if they want to, just have fun."*** A Chicano/Latino youth added: ***"It depends on how much you drink —[whether] it's a special occasion or you're just drinking as much as you want."***

Figure 5–B
Percent of ninth graders using alcohol weekly, by region



Source: Minnesota Student Survey—1995

Influences

Peers

Peer pressure received much attention in the focus group discussions. Based on the comments made by young people, it would appear that adolescents felt that peer pressure played a stronger role in the consumption of alcohol than it did in smoking cigarettes.

- ***"Friends have the biggest influence."*** [Chicano/Latino]
- ***"People just hang with their friends and then they get started."*** [Hmong]
- ***"Me... but sometimes peer pressure is something, because if you're in a car with them and you're going somewhere, they ain't gonna like it unless you're at the same level as they are. So, it's peer pressure."*** [African American]
- ***"It depends on how you're raised. It depends on what your parents do. If your parents drink, you have more chances of drinking, but I think peers have the biggest influence."*** [White]
- ***"You can't get away from peer pressure. Nobody wants to lose friends over something like taking a little drink or a beer—you know, acting like you are judging them."***

"You can't get away from peer pressure. Nobody wants to lose friends over something like taking a little drink or a beer—you know, acting like you are judging them."

Parents

Many youths recognized the influence of family and parents. Much of that influence was positive, as when parents expressed their wishes and reasoning to their children. A Chicano/Latino youth said: ***"They don't like it and don't want us to do it."*** Another explained: ***"Sometimes my parents say that they don't drink because alcohol can make you agitated and you can abuse your kids."*** A white youth spoke of how important parents can be as role models for their children: ***"My mom and my step-dad used to be alcoholics. Now they're just clean people. I wouldn't do it because I've seen how people act when they drink. I respect my mom and dad for recovering."***

But parents' attitudes and behavior toward drinking can also be negative. Several youths recognized that parents' drinking can lead easily to kids drinking. As an American Indian youth said: ***"The way you were raised [is important.] If you were raised around it, you're more likely to use it."*** Some expressed a bitterness or cynicism which suggested that parents had lost their moral authority to convince anyone not to drink. An African American youth noted: ***"We have a big problem in my family because people get too drunk, too messed up."*** A white youth said: ***"I couldn't care less about my dad. He's just a big drunk."*** Another added: ***"My mom tells me [not to drink], but she still drinks."***

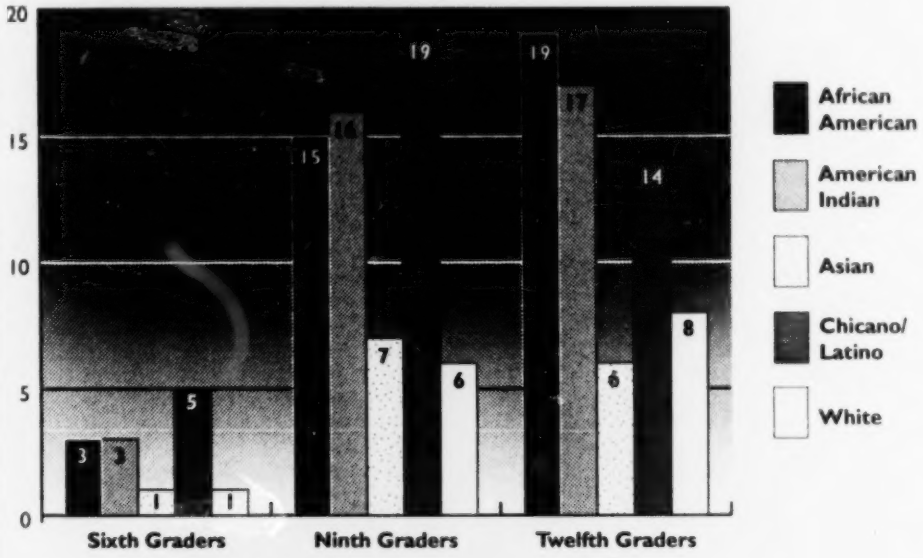
"My mom and my step-dad used to be alcoholics. Now they're just clean people. I wouldn't do it because I've seen how people act when they drink. I respect my mom and dad for recovering."

Asian and White students consistently had the lowest rates of regular marijuana use at each grade level.

Extent of Marijuana Use

Overall use of marijuana by students in Minnesota increased significantly between 1992 and 1995, especially among 9th graders.[1] The 1995 Minnesota Student Survey found that rates of use were high in several racial/ethnic groups. Among ninth–graders, one of every five Chicano/Latino students (19%) and one of every six African American and American Indian students (15% and 16%) reported they used marijuana weekly or more often. Asian and White students consistently had the lowest rates of regular marijuana use at each grade level. Among high school seniors, only 6 percent of Asian students reported weekly marijuana use. (Figure 5–C)

Figure 5–C
Percent using marijuana "weekly"



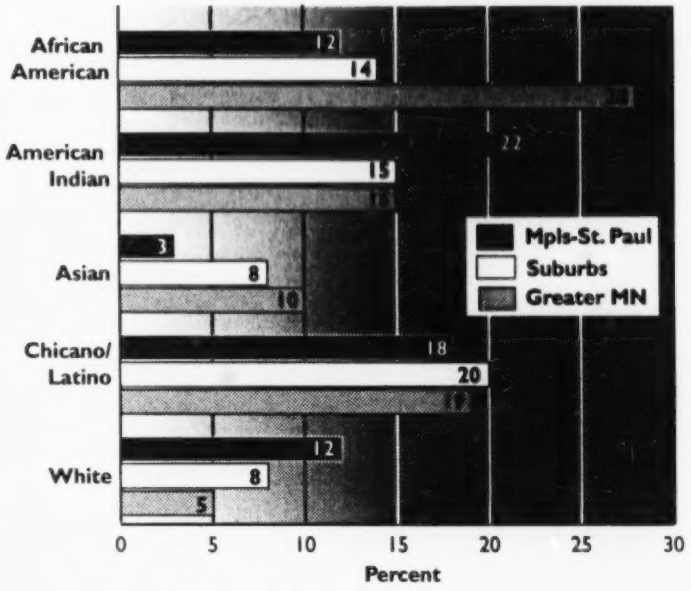
Source: Minnesota Student Survey—1995

As with tobacco and alcohol, the greatest increase in regular use of marijuana occurred between 6th and 9th grades. Boys were much more likely to use marijuana regularly than were girls.

In earlier sections, we noted that within communities of color there were consistent regional patterns in the use of tobacco and alcohol, at least among 9th graders. In each community of color, regular use of tobacco and alcohol was lowest among students living in Minneapolis and St. Paul and was usually the highest among students living in Greater Minnesota. However, there was no consistent regional pattern in the use of marijuana. In the African American and Asian communities, use of marijuana did indeed occur most frequently among students living in Greater Minnesota. But in the American Indian and White communities, students living in Minneapolis and St. Paul were more likely to smoke marijuana than students living in the metro suburbs or Greater Minnesota. Among Chicano/Latino students, there were no regional differences. (Figure 5–D)

[1] Minnesota Department of Children, Families and Learning, *Perspectives on Youth: Minnesota Student Survey 1989–1992–1995*, December 1995, pp. 15–16.

Figure 5–D
Percent of ninth graders using marijuana weekly, by region



Source: Minnesota Student Survey—1995

Focus Groups: Adolescents Discuss Marijuana

Overview

The observation that marijuana use has become widespread did not escape some of the focus group participants. An African American youth asked: ***"Did you see how many people in this room admit that they smoke marijuana? Isn't that a problem?"***

A few focus group members acknowledged that marijuana seems to be readily available. An African American youth reported: ***"There are kids in school selling all the time. I go to a predominantly all-white school and those white dudes, they make us look bad. They got all kinds—weeds, mushrooms, etc."*** A white youth noted that ***"bud is everywhere."***

Many adolescents spoke very negatively about marijuana. Their comments referred to loss of brain cells, loss of concentration and memory, smell, and the lure of moving on to stronger drugs. An African American youth said: ***"Every time we bring up the subject of marijuana, it makes those who smoke it defensive, and they get mad when... I say things like it makes you forget things and affects your memory. A lot of people get angry because they don't want to admit to that."*** An American Indian youth noted that ***"People who smoke it look lazy."*** A Chicano/Latino youth said: ***"It'll control you. You won't care about nothing else,"*** and another added: ***"It's bad because it will make you crazy."***

A few youths said they liked smoking marijuana or that it was good for you. A few noted the public debate over medical uses for marijuana. Said a Hmong youth: ***"What I heard on the news is that marijuana is good for people too, for health reasons. There is a marijuana clinic somewhere in California."***

"Did you see how many people in this room admit that they smoke marijuana? Isn't that a problem?"

Most of the discussion about what influences young people to smoke marijuana concerned the role of family and parents.

Influences

Most of the discussion about what influences young people to smoke marijuana concerned the role of family and parents. Peer influence was brought up on several occasions but never led to further comments or explanation.

Several young people specifically mentioned the desire to abide by their parents' wishes as an important influence. An American Indian youth explained why he no longer uses marijuana: ***"I used, but my mom doesn't want me to. I don't do it anymore."*** A Chicano/Latino youth said: ***"I respect them and their opinions."*** An African American focus group member said: ***"I respect their opinions, that's why I don't do it,"*** and another added: ***"No matter where I am, if my mom tells me not to do it, I wouldn't do it."***

Several young people pointed out that there are parents, including their own, who use marijuana. These parents, they seemed to be saying, were leading by example, were modeling marijuana use, and had lost the leverage and credibility needed to convince the children to avoid it. This sentiment came out most clearly in the African American focus groups. One youth noted: ***"My dad still does it."*** Another said: ***"They (my parents) do it every other day. So, my dad doesn't care about it,"*** and another added: ***"If I were to do it, my mom, she wouldn't care because she tried it too."*** One youth said his parents thought marijuana was good. Another youth explained: ***"A lot of parents smoke it with their kids, because some of them rather do it with their kids than let them do it in the streets with others."***

VIOLENCE

CHAPTER 6

The Minnesota Student Survey asked several questions about experiences of threats or violence at school and about carrying weapons onto school property.

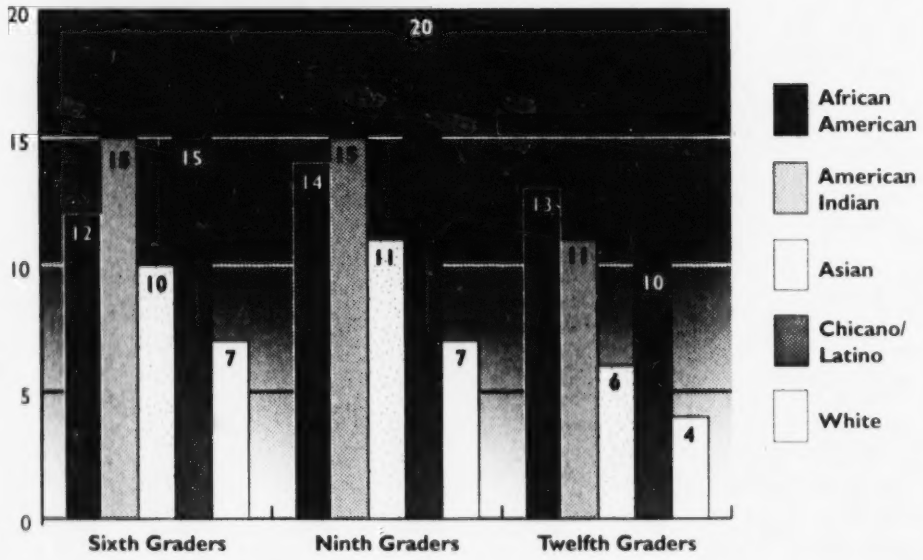
Safety Concerns at School

Students of color were less likely than White students to feel that their neighborhoods and schools were safe. They also reported that they were more often the victims of violent behavior at school and more often stayed away from school because of safety concerns.

Fifteen percent of Chicano/Latino 6th graders reported that someone had threatened or injured them with a weapon (e.g. gun, knife, club) on school property in the past year, compared to 7 percent of White 6th graders. Similarly, 20 percent of Chicano/Latino 9th graders had been threatened or injured with a weapon on school property compared to 7 percent of white 9th graders. (Figure 6–A)

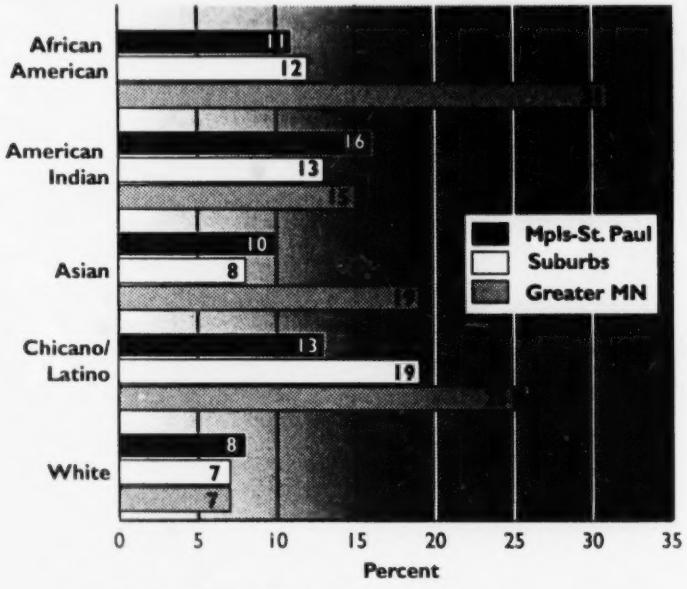
20 percent of Chicano/Latino 9th graders had been threatened or injured with a weapon on school property compared to 7 percent of white 9th graders.

Figure 6–A
Percent who were threatened or injured with a weapon on school property in past year



Source: Minnesota Student Survey—1995

Figure 6–B
Percent of ninth graders threatened or injured with weapon at school in past year, by region



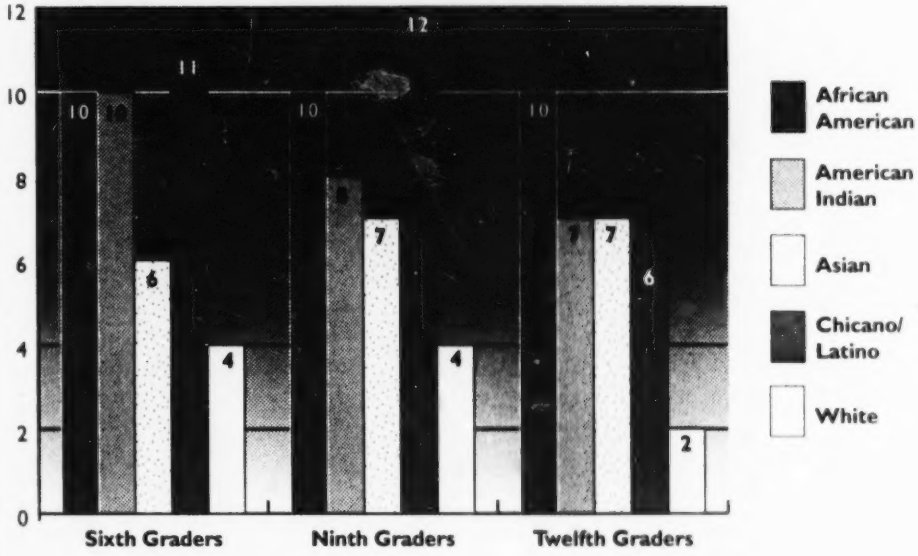
Source: Minnesota Student Survey—1995

Boys were generally twice as likely as girls to report they had been threatened or injured with a weapon at school. Except for American Indians, students of color in Greater Minnesota were much more likely to report being threatened or injured at school than students of color in Minneapolis–St. Paul or in the metro suburbs. Among 9th graders, 31 percent of African American and 25 percent of Chicano/Latino students living in Greater Minnesota reported being threatened or injured with a weapon at school. Among White students there were no regional differences. (Figure 6–B)

For some students, worries about safety and violence became so serious that they did not go to school. Twelve percent of Chicano/Latino 9th graders and 10 percent of African American 9th graders reported missing at least one day of school in the past month because they felt unsafe at school or on the way to or from school. At the same time, 4 percent of White 9th graders missed school for safety reasons. (Figure 6–C)

...students of color in Greater Minnesota were much more likely to report being threatened or injured at school than students of color in Minneapolis-St. Paul or in the metro suburbs.

Figure 6–C
Percent who missed one or more days of school in past month because they felt unsafe



Source: Minnesota Student Survey—1995

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Carrying Weapons to School

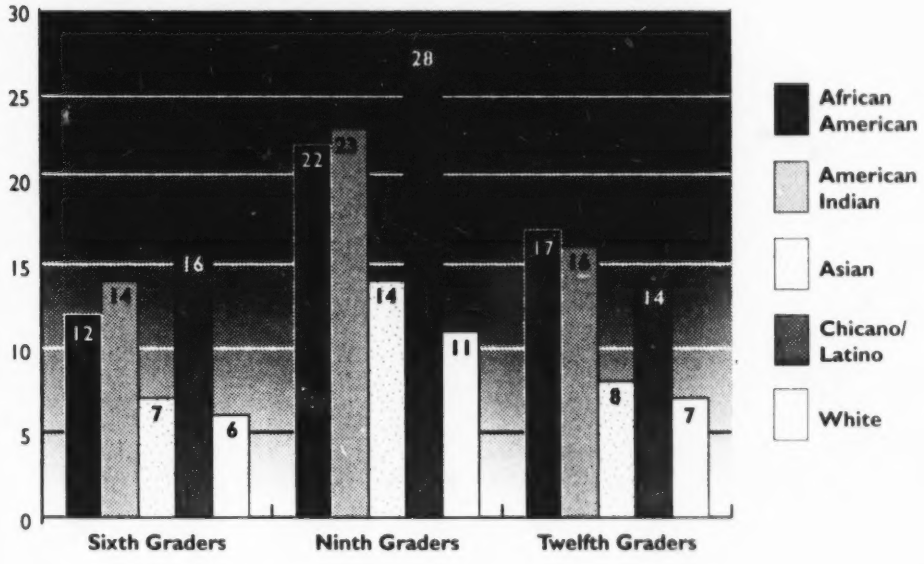
An alarmingly high number of young people—12 percent of 9th graders and 8 percent of 12th graders—indicated they had carried a weapon on school property at least once in the previous month. One–third of those who had brought weapons to school indicated that they had carried a gun on school property at least once during the previous month. Almost all youths who brought a gun on school property had brought other kinds of weapons as well.

Bringing weapons onto school property peaked in the 9th grade for all racial/ethnic groups. Among 9th graders, 28 percent of Chicano/Latino students, 23 percent of American Indian students, and 22 percent of African American students reported carrying a weapon on school property at some time during the month. Carrying weapons was lowest among Asian and White students, though still disturbingly high. (Figure 6–D)

Boys were two to six times more likely than girls to carry weapons. For African American, Asian and Chicano/Latino students, carrying weapons was much more common among those living in Greater Minnesota than in Minneapolis–St. Paul or the metro suburbs. American Indian students living in Minneapolis and St. Paul, however, were more likely to carry weapons than those living in the rest of the state.

Bringing weapons onto school property peaked in the 9th grade for all racial/ethnic groups.

Figure 6–D
Percent carrying weapon on school property one or more times in past month



Source: Minnesota Student Survey—1995

...for African American, Asian and Chicano/Latino students, carrying weapons was much more common among those living in Greater Minnesota...

For some students, worries about safety and violence became so serious that they did not go to school.

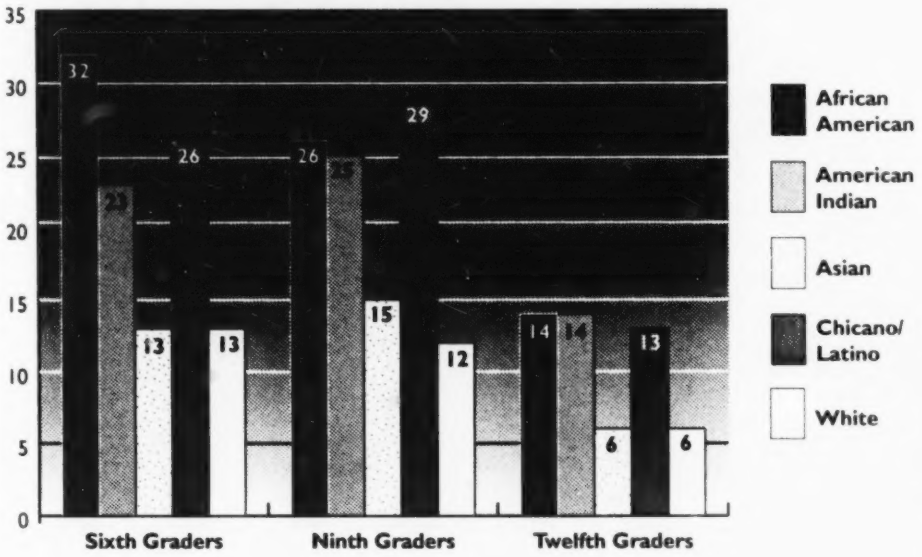
Hitting or Beating Up Another Person

While the survey asked several questions on whether youths had been victims of violence or felt safe at school, it included only one question directly related to engaging in an act of violence against another: ***"During the last 12 months, how often have you hit or beat up another person?"*** The question did not distinguish between ordinary fights and one-sided assaults.

At each grade level, involvement in hitting or beating up someone was greater among African American, American Indian and Chicano/Latino students and lowest among Asian and White students. One–third (32%) of African American 6th graders said they had hit or beaten up another person on at least three occasions in the past year, compared to 13 percent of Asian and White 6th graders. Engaging in such behavior declined sharply by 12th grade in all racial/ethnic groups. (Figure 6–E)

Boys were much more likely than girls to be involved in hitting or beating up someone. In most communities of color, except the American Indian community, such behavior occurred slightly more often in Greater Minnesota than in the rest of the state.

Figure 6–E
Percent who hit or beat up someone else three or more times in last 12 months



Source: Minnesota Student Survey—1995

Focus Groups:

Young People Discuss Preventing Violence

"It will always be this way forever."

Despite this somber assessment by one youth, adolescents participating in the focus groups had many suggestions for preventing or minimizing violent behavior.

In one of the African American focus groups, discussion quickly turned to improving education and schools as a way to help young people stay out of trouble. Of particular concern was the way students are treated. One youth said: ***"There are a lot of negative teachers. If you're in the hall way, they'd ask what you're doing. They think you're good for nothing anyway. Stop trying to make the schools look like prisons."*** Another added: ***"[Our] schools are not suited to deal with us. They don't know what our needs are. They don't look at us as they need to educate us. It's more like how can we contain them until they graduate. Gotta make schools more interesting."*** Several youth echoed the call to make school more interesting and to stop teaching the same thing over and over again.

One of the most often mentioned suggestions was to have more community programs and recreation centers for young people. An African American youth from St. Paul said: ***"I don't think I would build a new place. I think I would add on to things like here at Inner City Youth League where kids already come... I'd make it more jazzy, something for kids to do after school so that their minds won't even be on violence and things like that."*** Others added:

- ***"I'll build a recreation center where little kids can come and eat breakfast, lunch and dinner everyday."*** [African American]
- ***"I'd make a health center to keep all the kids off the streets."*** [African American]
- ***"Peer mediation"*** [Chicano/Latino]
- ***"I'd have a counseling center where girls can get help that they need and if you need a job, you can get it. I would have a lot of programs for the kids because if we don't do it when they're young, when you're 25, you're set if you don't have anything."*** [African American]
- ***"[I'd] make safe places for young people trying to get away from gangs or abuse."*** [White]

Several young people called for programs or activities that teach explicitly about the impact of violence and the need to stop it. One Chicano/Latino youth said: ***"[We should] bring together families and kids and teach them about the effects of violence in the community and do advertising on TV about them."*** Another Chicano/Latino youth also urged a visible, high profile campaign: ***"Work with youth, make signs and advertisements that violence could bring an end to your life."***

Some youths spoke about the influence of respect—or lack of respect—on violence. ***"Violence is over respect and jealousy,"*** said one African American youth, **"that's how it gets started."** Another felt the community needed to repair the damage—including loss of respect—caused by slavery and its aftermath: ***"Slavery is still alive, and I don't care what anyone says. They took our history, culture, so respect is gone. I gotta get that back."*** An American Indian youth suggested ***"Getting a whole bunch of people together and have them learn to respect one another."***

"[Our] schools are not suited to deal with us. They don't know what our needs are. They don't look at us as they need to educate us. It's more like how can we contain them until they graduate."

"Violence is over respect and jealousy,"

An African American youth put it succinctly: "It is an American tradition to use violence to get power."

A small number of focus group participants spoke of violence as being embedded in American culture, particularly in institutions like the military and police. An African American youth put it succinctly: ***"It is an American tradition to use violence to get power."*** Another added: ***"They're always saying why is the African American community so violent. Well, they're the teachers of violence. This is nothing new to them."*** A white youth felt that ***"As long as there is a military and a police, there is going to be violence, especially if you don't look like them."***

Only two or three focus group participants suggested longer prison sentences for drug dealers or more police raids as a solution to violence.

Sexuality and Health

CHAPTER 7

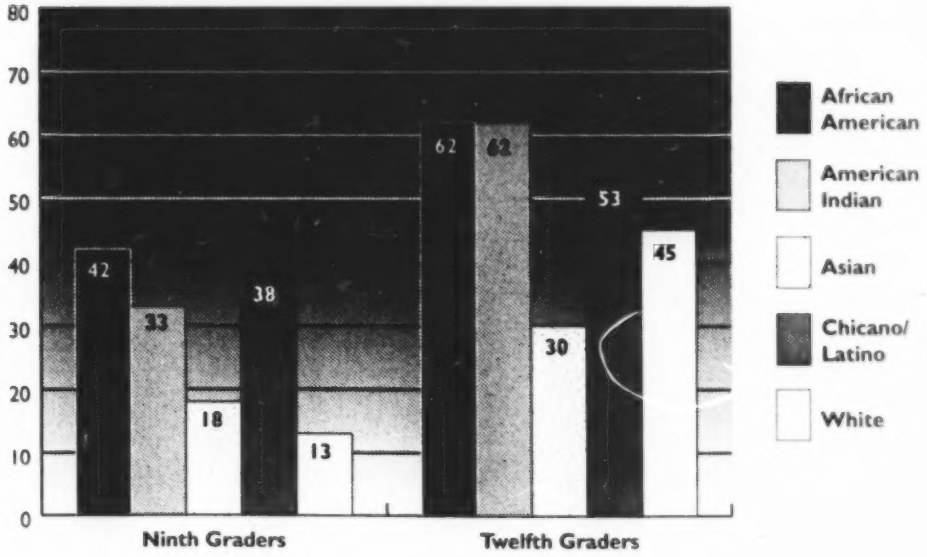
Extent of Sexual Activity

Nearly one of every six 9th graders (15%) participating in the Minnesota Student Survey and one of every two 12th graders (45%) reported that they had engaged in sexual intercourse at least three times. Among 9th graders, 42 percent of African American students and 38 percent of Chicano/Latino students reported being sexually active. By 12th grade, nearly two–thirds (62%) of African American and American Indian students, over half (53%) of Chicano/Latino students, and nearly half (45%) of White students were sexually active. Asian students had the lowest rate of sexual involvement among 12th graders—less than one–third (30 percent) had engaged in sexual intercourse at least three times. (Figure 7–A)

Asian students had the lowest rate of sexual involvement among 12th graders...

In each community of color, 9th grade boys were considerably more likely to report being sexually active than 9th grade girls. By their senior year, there was no clear pattern—in some communities, boys were slightly more likely to be sexually active, while in other communities, girls were more often sexually active.

Figure 7–A
Percent who have had sexual intercourse three or more times in their lifetime

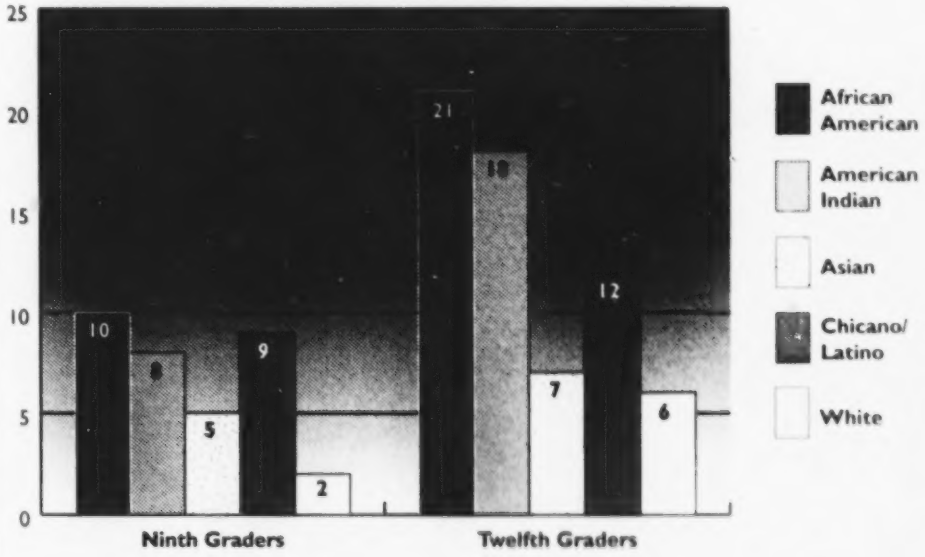


Source: Minnesota Student Survey—1995

Pregnancy

Many high school girls reported that they had become pregnant at least once. Pregnancy rates were highest in the African American, American Indian and Chicano/Latino communities. One in ten African American 9th grade girls (10%) and one in five 12th grade girls (21%) had been pregnant at least once. Some pregnant girls and teenage mothers drop out of school—at least temporarily. The survey therefore may underestimate the number of girls who are becoming pregnant in the youth population. (Figure 7–B)

Figure 7–B
Percent of girls who have been pregnant



Source: Minnesota Student Survey—1995

Sexually Transmitted Diseases

The number of youths who reported having ever had a sexually transmitted disease (STD) was fairly low. About two percent of all 9th graders and 12th graders indicated they had been told by a doctor or nurse that they had contracted a sexually transmitted disease such as genital herpes, chlamydia, syphilis or gonorrhea. The highest STD rate occurred among African American youth — 12 percent of African American high school seniors said they had been told they had contracted a sexually transmitted disease. (Table 7–1)

Table 7–1:
Percent Who Had Contracted a Sexually Transmitted Disease

Racial/ethnic group	9th Grade	12th Grade
African American	5%	12%
American Indian	3%	6%
Asian	4%	3%
Chicano/Latino	5%	6%
White	2%	2%

Unprotected Sex

In each racial/ethnic group, only about half of sexually active students reported that they talked with each of their sexual partners about protecting themselves from HIV/AIDS and sexually transmitted diseases. Among 9th graders, African American students were slightly more likely to talk about these precautions than students from other racial/ethnic groups. Fifty–five percent of sexually active African American 9th graders talked "at least once with every partner" about protecting themselves compared with 44 percent of sexually active White students and 42 percent of sexually active Asian students.

Condoms were by far the most commonly used form of protection. Sixty–nine percent of sexually active 9th graders and 60 percent of 12th graders reported using condoms the last time they had sexual intercourse. Birth control pills were also fairly popular, especially among high school seniors. Some students used more than one method. However, substantial numbers of students said they used "withdrawal," which is an ineffective way to prevent pregnancy and offers no protection against STDs. In addition, 19 percent of sexually active 9th graders and 13 percent of 12th graders used no method at all either to prevent pregnancy or STDs. There were few significant differences among racial/ethnic groups in the kind of protection used. Ninth–grade sexually active Asian students were the least likely to report using any kind of protection. (Table 7–2)

Table 7–2:
Methods Used by Sexually Active Students To Prevent Pregnancy or STDs at Time of Last Sexual Intercourse

	Method	African American	American Indian	Asian	Chicano/ Latino	White
9th	Condoms	78%	68%	61%	71%	70%
	Birth control pills	20%	23%	13%	22%	19%
	Withdrawal	10%	13%	14%	13%	13%
	Some other method	4%	5%	7%	6%	4%
	No method was used	15%	21%	28%	16%	19%
12th	Condoms	67%	59%	61%	63%	60%
	Birth control pills	25%	32%	24%	29%	34%
	Withdrawal	12%	17%	22%	15%	19%
	Some other method	7%	7%	8%	8%	5%
	No method was used	19%	17%	18%	17%	13%

Source: Minnesota Student Survey—1995
Note: Percentages add up to more than 100 percent since more than one response may have been given.

Focus Groups: Young People Discuss Pregnancy and STDs

Adolescents in the focus groups generally thought that children should be taught about sex education, pregnancy prevention and STD prevention as soon as they are able to ask questions about the subject and comprehend information. Ten or eleven years of age were common suggestions, but some youth thought teaching could start much earlier. An American Indian youth said: ***"I think it's best to teach them when they're young so that they know that it's their body and no one can do anything."*** A Chicano/Latino youth suggested 10 years of age: ***"I would say 10, because they would be able to understand and not laugh about it or be too embarrassed."*** Many youths argued that it depended on the maturity of the child: ***"It depends on the child, because you might have someone who can understand but another child who is not even at that level yet."***

"I think it's best to teach them when they're young so that they know that it's their body and no one can do anything."

A plea for early education came in another form from young people who had entered into sexual activity without learning much about it. An African American youth recalled: ***"My mom didn't start telling me about sex until she knew I was having it."*** Another added: ***"I didn't have nobody teaching me until I was already old and I was already having sex."***

"I didn't have nobody teaching me until I was already old and I was already having sex."

Mothers, fathers, brothers, sisters, grandmothers, health classes, school programs, recreation programs, community centers and peers were all suggested by different youths as the best teachers for these issues. An African American youth described a recreation center that shows slides about STDs that made a strong impression. A Hmong youth suggested her grandmother and said: ***"I just want her to teach me because she won't go and tell my parents."*** A white youth noted that ***"You'll always listen to someone when they're around your age."***

Hmong youth made an impassioned plea for parents to be more involved in educating their children as the Hmong community adapts to life in America. Some also suggested that the younger generation may have to lead the way. Their remarks could be taken to heart by members of every racial/ethnic group:

> ***"Parents should educate the kids. Parents should face the fact that they don't want the kids to go through it, so they don't want to talk about it. But they don't know that the kids know way more than they think. If they talk to the kids about it, maybe the kids will feel more comfortable talking about it."***
>
> ***"They just say 'No, don't do it.' They never say "Use protection." They just don't want to talk about it... A lot of teenage girls just run away and get married if they get pregnant. They don't want to tell their parents about it. And they're afraid of what their parents are going to say. It's embarrassing to them."***
>
> ***"It's embarrassing. In our culture, it is. Our generation, maybe in the future we'll be comfortable telling our kids what to do."***

"It's embarrassing. In our culture, it is. Our generation, maybe in the future we'll be comfortable telling our kids what to do."

A Chicano/Latino youth pointed out another kind of cultural clash that needs to be dealt with in a sensitive way if prevention efforts are to be successful: ***"It's different, because in my community, they teach us that sex is in marriage, but here, they talk about having sex before marriage. It seems that here it's OK for people to have sex before marriage."***

Many youths had ideas for activities or programs to help prevent pregnancies and STDs. Some urged teaching and support programs that go beneath the surface and delve into the deeper issues that young people are facing. An American Indian youth said: ***"I think you should try to see what her problems are and then try to support her. Then you can start getting to the real problems."*** A Hmong girl told about a program at school that was very helpful to her: ***"At our school, we have an Asian group. An Asian lady came in and talked about protection, and since we're all girls we talk to her and we tell her all our problems. We feel comfortable."***

Other youth thought that having more opportunities and activities would be helpful. An African American youth said: ***"If young people are busy, they might not want to have sex."*** Another explained: ***"I would start up a program where you that were sexually active could come and we would go on field trips, like horseback riding, that we don't really have a chance [to do]. So when they decide to have sex, they might think twice."***

Another suggestion made by several youth was to have teachings and discussions from peers and other who have firsthand knowledge of the effects of unprotected sex. For example, an African American youth suggested that community centers could ***"have people in there who have diseases so they can tell others what it's like."*** A white youth suggested that parents could meet with and learn from their peers: ***"I'd develop a community gathering like once every other week and have everyone share examples of how to let your children know about what they can do to prevent diseases."***

Amid all the ideas, there were some youth who felt it would be very difficult to prevent pregnancies and STDs. An African American youth stated simply: ***"There is no way to do that."*** Another explained: ***"If you got a young girl and an older man, there ain't no way... The guy wouldn't want to use condoms, so she's going to get diseases."***

"At our school, we have an Asian group. An Asian lady came in and talked about protection, and since we're all girls we talk to her and we tell her all our problems. We feel comfortable."

BEST COPY AVAILABLE

ACCESS TO HEALTH CARE

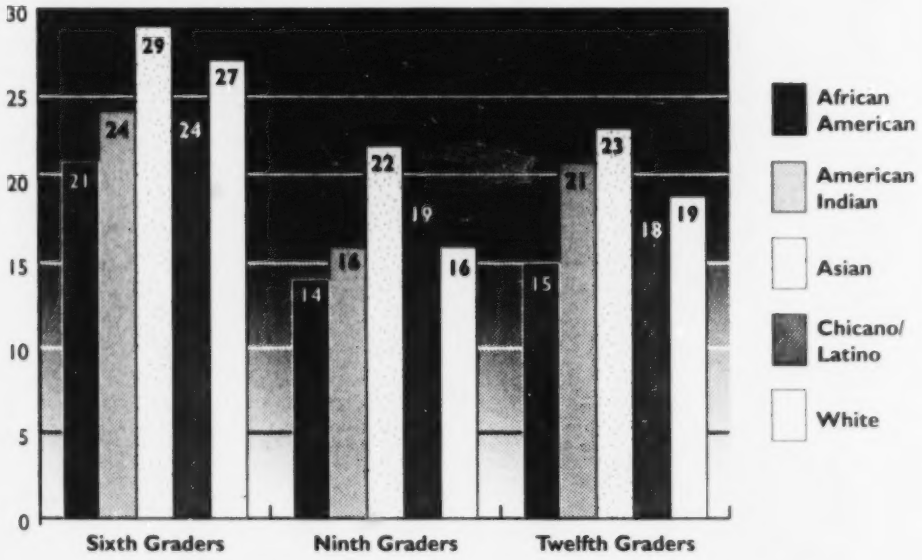
CHAPTER 8

Frequency of Physical Exams

More than half of the students participating in the Minnesota Student Survey reported that they had not had a physical exam in the previous 12 months, and about one in five said that they had not had a physical in the past three years. Figure 8–A indicates that there were not substantial differences between different racial/ethnic groups with respect to physical exams. However, the survey did not provide any information regarding access to care for illnesses and injuries or access to mental health care.

...about one in five said that they had not had a physical in the past three years.

Figure 8–A
Percent who have not had physical exam in past three years



Source: Minnesota Student Survey—1995

Focus Group Discussion of Health Care

About 30 percent of the youth participating in the focus groups said they had not received medical care in more than two years, primarily because they had not been sick or at least sick enough to visit a clinic. Several Hmong youth said they did not want to visit a doctor unless it was absolutely necessary and that they preferred ordinary home remedies. One youth said: ***"I like the way we use herbs because I'm not 100% sure we need pills. We can use it ourselves instead of going to the clinic all the time and paying hundreds of dollars."*** Other young people of color also expressed an interest in traditional medicine:

- ***"My grandma is a medicine woman. She gives me bare roots."***
- ***"Curanderismo—things that come from the Earth can cure you."***

More than half of the focus group youth were receiving Medical Assistance. Paying for care was an obstacle for several youth who did not have MA. Some said their family paid cash for sliding fee care at a community clinic, and others were going without care:

- ***"[I went to a] community clinic before, but now I just don't have anything at all, so I just don't go."***
- ***"We don't have insurance, so I just go when it's absolutely necessary***
- ***"I'm kind of scared, having no insurance. Some places charge so much for their stuff."***

Youth mentioned receiving health care at such culturally specific clinics as the West Side Health Center (where Chicano/Latino youth appreciated the Spanish-speaking staff and said it helped them to relax), Model Cities Health Center, Pilot City Health Center, the Hmong Clinic, and the Indian Health Board. School-based clinics provided care for several youths. Teen health clinics were also an important source of care, although two young people expressed frustration about difficulties getting in for appointments quickly.

Adolescents from both Minneapolis and St. Paul who had contracted a sexually transmitted disease frequently went to the Red Door Clinic in Minneapolis for testing and treatment, even when they had other health care providers.

Adolescents from both Minneapolis and St. Paul who had contracted a sexually transmitted disease frequently went to the Red Door Clinic in Minneapolis for testing and treatment, even when they had other health care providers. They said that the medical personnel at the clinic ***"knew how to talk to us"*** and they appreciated the confidentiality provided by the clinic.

Getting It All Together

The Health and Well-Being of Minnesota's Youth

Evaluation Form

1. **How is the information contained in the report helpful to you and/or your organization?**

2. **How will the information be used?** *(please check all that may apply)*
   - ❑ Strategic planning
   - ❑ Fundraising
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   - ❑ Staff/volunteer development
   - ❑ Other *(please describe)*

3. **What did you like best about the report?**

4. **How could this report be improved/more useful for you?**

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   - ❑ Other *(please describe)*

6. **What type of organization** *(if any)* **do you represent** *(public, private, non-profit)*?

7. **Additional comments or suggestions for future research projects.**

Please respond to the following questions and return this form to:

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We appreciate your feedback. Thank you.

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